## FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

For A	n Authorized Comm	ittee	Of	fice Use Only
1. NAME OF COMMITTEE (in full) USE FEC MOR TYPE COMMITTEE (in full)	AILING LABEL Example PRINT W OV	ample:If typing, type er the lines		
Hoosiers Supporting Buyer For Congre				
ADDRESS (number and street) 200 Nor	th Main St., P.O. Box	712		
Check if different				
than previously reported. (ACC)	lo,			47960
2. FEC IDENTIFICATION NUMBER \(\psi\)	CITY 🛋		STATE	ZIP CODE ▲  STATE ▼ DISTRICT
C00255471	3. IS THIS REPORT	NEW (N) OR	X AMENDED (A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	(b) 12-Day <b>PRE</b>	E-Election Report for the		
April 15 Quarterly Report (Q1)		Primary (12P)	General (12G	Runoff (12R)
		Convention (12C)	Special (12S)	
X July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	B) Election on			in the State of
January 31 Year-End Report (Yi	(c) 30-Day <b>POS</b>	ST-Election Report for the	ne:	
		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on			in the State of
5. Covering Period 0 4 0 1	2007	through	06 30	2007
I certify that I have examined this Report and to  Type or Print Name of Treasurer  Doi	the best of my knowledge	e and belief it is true, co	rrect and complete.	
Signature of Treasurer Electronically Filed by	y Douglas E. Rader	storf	Date 1 0	10 2007
NOTE : Submission of false, erroneous, or inco	omplete information may s	subject the person signi	ng this Report to the per	nalties of 2 U.S.C 437g.
Office Use Only				FEC FORM 3 (Revised 02/2003)

### Image# 27931318884

## **SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Hoosiers Supporting Buyer For Congress ° D 0 6 2007 From: 0 4 0.1 2007 Report Covering the Period: To: 3 0 **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 70909.71 86596.71 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 70909.71 86596.71 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 56205.89 112705.88 (from Line 17)..... (b) Total Offsets to Operating 13.12 115.62 Expenditures (from Line 14)..... (c) Net Operating Expenditures 56192.77 112590.26 (subtract Line 7(b) from Line 7(a))...... Cash on Hand at Close of 403835.83 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530

Local 202-694-1100

FEC Form 3 (Revised 02/2003)

### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

Write or Type Committee Name Hoosiers Supporting Buyer For Congress ° D 0 4 2007 06 2007 0 1 3 0 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 5500.00 9080.00 (i) Itemized (use Schedule A)..... 6409.71 6841.71 (ii) Unitemized..... (iii) TOTAL of contributions 11909.71 15921.71 from individuals..... 0.00 575.00 (b) Political Party Committees..... (c) Other Political Committees 59000.00 70100.00 (such as PACS)..... 0.00 0.00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 70909.71 86596.71 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 13.12 115.62 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 1129.03 5643.34 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 72051.86 92355.67

FEC Form 3 (Revised 02/2003)

## **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	56205.89	112705.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
LOAN REPAYMENTS:     (a) Of Loans Made or Guaranteed     by the Candidate	0.00	0.00
(b) Of all Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO	): 	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUN (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	4000.00	4000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21	) > 60205.89	116705.88
III. CA	ASH SUMMARY	
23. CASH ON HAND AT BEGINNING OF	REPORTING PERIOD	391989.86
24. TOTAL RECEIPTS THIS PERIOD (fro	om Line 16, page3)	72051.86
25. SUBTOTAL (add Line 23 and Line 24)		464041.72
26. TOTAL DISBURSEMENTS THIS PER	RIOD (from Line 22)	60205.89
27. CASH ON HAND AT CLOSE OF REF	PORTING PERIOD	403835.83

## FEC FORM 3Z-1 (File with Form 3)

## CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19) (Millionaires' Amendment)

	Name of Candidate		Candidate ID Number
	Congressman Steve Buyer		H2IN05025
	Name of Principal Campaign Com	mittee	Committee ID Number
	Hoosiers Supporting Buyer For Congress		<b>C</b> C00255471
	Committee Address 200 North Main St., P.O. Box 712		
	City Sta	ate ZIP	
	Monticello, IN	47960-	
	Report Covering Period (check one	x through June 30, or preceding the year of the g	through December 31 of the year general election
		Primary	General
1.	Gross receipts of authorized committees	89380.67	2975.00
2.	Aggregate amount of contributions from personal funds of the candidate	. 0.00	0.00
3	. Gross receipts minus the candidate's personal contributions	89380.67	2975.00

FE3AN044 FEC **Form 3Z-1** (Revised 01/03)

	CHEDULE A (FEC Form 3 )		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 72 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	11a 11b X 11c 11d 11d 12 13a 13b 14 15
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congre	ss		
۹.	Full Name (Last, First, Middle Initial) American Academy of Mailing Address Ophthalmology PAC			Date of Receipt
	1101 Vermont Ave., NV	V State	Zip Code	0 6 2 5 2 0 0 7  Transaction ID: 70713.C16349
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		4000.00
	Name of Employer	Occupatio	n	Receipt  Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 5000.00	Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians			Date of Receipt
	Mailing Address 2023 Massachusetts Av	06 25 2007		
	City Washington	State DC	Zip Code 20036	Transaction ID: 70713.C16347  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer	Occupatio		Receipt  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  X Primary General  Other (specify)	Election C	Cycle-to-Date ▼ 2500.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) American Academy of Otolaryngology PAC			Date of Receipt
	Mailing Address One Prince Street			05 10 7 2007
	City Alexandria	State VA	Zip Code 22314	Transaction ID: 70713.C16164  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupatio	Receipt  Limit Increased Due to Opponent's	
	Receipt For: 2008  X Primary General  Other (specify)	Election C	Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
SI	JBTOTAL of Receipts This Page (optional)			7500.00
т	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 72 (check only one)  11a 11b X 11c 11d 11d 12 13a 13b 14 15
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congre	ess		
Full Name (Last, First, Middle Initial) American Academy of Otolaryngology PAC Mailing Address One Prince Street  City Alexandria  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2008  X Primary General Other (specify)   General	State VA C Occupation Election C	Zip Code 22314 n Sycle-to-Date ▼	Date of Receipt    M M
Full Name (Last, First, Middle Initial)  American Association of  Mailing Address Nurse Anesthetis PAC 412 1st St., SE, Suite  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2008  X Primary General Other (specify)	State DC C Occupation	Zip Code 20003	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) American Chiropractic  Mailing Address Association PAC 1701 Clarendon Blvd.  City Rosslyn  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2008 X Primary General Other (specify)	State VA  C Occupation  Election C	Zip Code 22209	Date of Receipt    M   M   29   2007   Transaction ID: 70713.C16315   Amount of Each Receipt this Period   1000.00     Receipt   Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)			3500.00
TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)  11a  11b  11c  11d  14  15
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any person	12 13a 13b 14 15 on for the purpose of soliciting contributions
or	NAME OF COMMITTEE (In Full)	ame and add	iress of any political committee to	o solicit contributions from such committee.
$\geq$	Hoosiers Supporting Buyer For Congres	S		
A.	Full Name (Last, First, Middle Initial) American College of Cardiology			Date of Receipt
	Mailing Address 2400 North Street NW			06 25 YYYY 2007
	City	State	Zip Code	Transaction ID: 70713.C16343
	Washington	DC	20037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	1	Receipt
	Description 2000	Floriton	outs to Date.	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  X Primary General  Other (specify)	Election C	ycle-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) American College of Physicians			Date of Receipt
	Mailing Address 2011 Pennsylvania Ave. Suite 800		7: 0.1	0 6 2 5 2 0 0 7
	City Washington	State DC	Zip Code 20006	Transaction ID: 70713.C16344  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20000	1000.00
	Name of Employer	Occupation	า	Receipt  Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		1000.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) American College of Radiology Assoc. PAC			Date of Receipt
	Mailing Address 1701 Pennsylvania Ave. Suite 610	NW		06 25 2007
	City	State	Zip Code	Transaction ID: 70713.C16341
	Washington  FEGURA TO A STATE OF	DC	20000-6	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00 Receipt
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			3000.00
Т	OTAL This Period (last page this line number or	ıly)		

S	CHEDULE A (FEC Form 3 )			FOR LINE NUMBER: PAGE 9 / 72
	•		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	11a 11b X 11c 11d
				12   13a   13b   14   15
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Hoosiers Supporting Buyer For Congre	ess		
۹.	Full Name (Last, First, Middle Initial) American College of Surgeons			Date of Receipt
	Mailing Address 1640 Wisconsin Ave. N	IW		06 25 2007
	City	State	Zip Code	Transaction ID: 70713.C16346
	Washington	DC	20007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer	Occupatio	n	Receipt
				Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election C	Cycle-to-Date ▼	Spending (2 0.5.0. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		2500.00	
3.	Full Name (Last, First, Middle Initial) American Dental PAC			Date of Receipt
	Mailing Address 1111 14th St., NW Suite 1100			05 / 30 / 2007
	City	State	Zip Code	Transaction ID: 70713.C16303
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer	Occupatio	n	Receipt
				Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  X Primary General	Election C	Cycle-to-Date ▼	Opending (2 0.0.0. 441a(i)/441a 1)
	Other (specify)		2500.00	
<u> </u>	Full Name (Last, First, Middle Initial) American Nurses Association			Date of Receipt
•	Mailing Address 600 Maryland Ave., SE			M M / D D / Y Y Y Y
	Suite 100 West			06 25 2007
	City	State	Zip Code	Transaction ID: 70713.C16342
	Washington	DC	20024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupatio	n	Receipt
				Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  X Primary General	Election C	Cycle-to-Date ▼	Sponding (2 s.s.s. Tria(i)/Tria T/
	Other (specify)		2000.00	
6	IJPTOTAL of Possints This Page (entires)			6000.00
<u> </u>	UBTOTAL of Receipts This Page (optional)			
T	OTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS	)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 72 (check only one)  11a 11b X 11c 11d 11d 12 13a 13b 14 15
An or	y information copied from such Reports and for commercial purposes, other than using t	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Cong	gress		
۹.	Full Name (Last, First, Middle Initial) American Psychiatric Assoc. Mailing Address			Date of Receipt
	City 1400 K Street, NW	State	Zip Code	0 6 2 5 2 0 0 7  Transaction ID: 70713.C16348
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer	n	Receipt  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 5000.00	Sperium (2 0.3.0. 441a(1)/441a-1)
3.	Full Name (Last, First, Middle Initial) Amgen PAC			Date of Receipt
	Mailing Address 555 13th Street NW Suite 600 West City	State	Zip Code	M M / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation		Receipt  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 1000.00	
— Э.	Full Name (Last, First, Middle Initial) AT&T PAC			Date of Receipt
	Mailing Address 1401   Street Suite 1100	Ctata	7'o Code	0 6 2 9 2 0 0 7
	City Washington	State DC	Zip Code 20005	Transaction ID: 70713.C16318  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		5000.00
	Name of Employer	Occupation	n	Receipt  Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General Other (specify)	Election C	Sycle-to-Date ▼ 5000.00	Spending (2 U.S.C. 441a(i)/441a-1)
SI	UBTOTAL of Receipts This Page (optional)			8500.00
T	OTAL This Period (last page this line numb	er only)		

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 72 (check only one)  11a 11b X 11c 11d 11d 12 13a 13b 14 15
Any or f	r information copied from such Reports and Sta or commercial purposes, other than using the r	atements may	not be sold or used by any persordress of any political committee to	on for the purpose of soliciting contributions
١.	NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congres	SS		
<b>A.</b>	Full Name (Last, First, Middle Initial) Boehringer Ingelheim Pharmaceuticals  Mailing Address 1107 17th Street, NW Suite 1102  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2008  X Primary General Other (specify)   Other (specify)	State DC C Occupation Election C	Zip Code 20036 n Sycle-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Johnson & Johnson Employees Good Mailing Address Government Fund One Johnson & Johnson City New Brunswick FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2008 Primary X General Other (specify)	State NJ  C  Occupation	Zip Code 08933-7204 n sycle-to-Date ▼	Date of Receipt    M M M
<b>C.</b>	Full Name (Last, First, Middle Initial) KOCHPAC  Mailing Address 655 15th Street, NW Suite 445  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2008  X Primary General Other (specify)	State DC  C Occupation Election C	Zip Code 20005 n sycle-to-Date ▼	Date of Receipt    M M M
SL	IBTOTAL of Receipts This Page (optional)			3000.00
TC	OTAL This Period (last page this line number o	nly)	<b>)</b>	

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 72 (check only one)  11a
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persongress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congr	ess		
Α.	Full Name (Last, First, Middle Initial) Land OLakes PAC  Mailing Address P.O. Box 64101			Date of Receipt    M
	City	State	Zip Code	Transaction ID: 70713.C16317
	Saint Paul  FEC ID number of contributing federal political committee.	C	55164	Amount of Each Receipt this Period  1000.00
	Name of Employer  Receipt For: 2008	Occupation C	n Sycle-to-Date ▼	Receipt  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) National Assoc. of Broadcasters  Mailing Address 1771 North St., NW			Date of Receipt    M
	City	State	Zip Code	Transaction ID: 70713.C16255
	Washington FEC ID number of contributing federal political committee.	C	20036	Amount of Each Receipt this Period  1000.00
	Name of Employer  Receipt For: 2008	Occupation C	n Sycle-to-Date ▼	Receipt  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	Liection	1000.00	
<u></u> С.	Full Name (Last, First, Middle Initial) National Assoc. of Broadcasters			Date of Receipt
	Mailing Address 1771 North St., NW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20036	Transaction ID: 70713.C16322  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer	Occupation	n	Receipt  Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General  Other (specify)	Election C	Sycle-to-Date ▼ 3000.00	Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			4000.00
T	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3 )		l la a anavata a abadula(a)	FOR LINE NUMBER: PAGE 13 / 72
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	11a 11b X 11c 11d
				12   13a   13b   14   15
Ar or	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Hoosiers Supporting Buyer For Congre	SS		
A.	Full Name (Last, First, Middle Initial) National Assoc. of Health Underwriters			Date of Receipt
	Mailing Address 2000 North 14th STree Suite 450	İ		06 29 2007
	City	State	Zip Code	Transaction ID: 70713.C16310
	Arlington	VA	22201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	1	Receipt
		'		Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		1000.00	
	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) National Cable & Telecommunications			Date of Receipt
	Mailing Address Assoc. PAC			M M / D D / Y Y Y Y
	25 Massachusette Ave.		Zip Code	06 29 2007
	Washington	State DC	20001	Transaction ID: 70713.C16319
	•	БС	20001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	·			Receipt
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			1
	Other (specify) ▼	0 0	5000.00	
C.	Full Name (Last, First, Middle Initial) National Funeral Directors Assoc. PAC			Date of Receipt
•	Mailing Address 13625 Bishops Drive			M M / D D / Y Y Y Y
	<u> </u>			06 29 2007
	City Brookfield	State WI	Zip Code	Transaction ID: 70713.C16313
		VVI	53005-6607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	1	Receipt  Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	' '	1000.00	
	Other (specify) ▼			1
s	UBTOTAL of Receipts This Page (optional)			7000.00
			· · · · · · · · · · · · · · · · · · ·	
ΙT	OTAL This Period (last page this line number of	nly)		

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)  11a  11b  X 11c  11d
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	12 13a 13b 14 15 on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congres	SS		
Α.	Full Name (Last, First, Middle Initial) Nisource Inc. Pac			Date of Receipt
	Mailing Address 200 Civic Center Drive			06 29 2007
	City	State	Zip Code	Transaction ID: 70713.C16316
	Columbus	OH	43215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation	1	Receipt  Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	ycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) Nucor Corporation PAC			Date of Receipt
	Mailing Address 4537 South Nucur Road			05 30 7 2007
	City Crawfordsville	State IN	Zip Code 47933	Transaction ID: 70713.C16301
	FEC ID number of contributing	C	47900	Amount of Each Receipt this Period  1000.00
	federal political committee.			Receipt
	Name of Employer	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  X Primary General	Election C	ycle-to-Date ▼	Speriding (2 0.3.0. 441a(i)/441a-1)
	Other (specify) ▼		1000.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) PFIZER PAC			Date of Receipt
	Mailing Address 235 East 42nd St.			06 29 2007
	City	State	Zip Code	Transaction ID: 70713.C16306
	New York	NY	10017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00 Receipt
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		1000.00	]
s	UBTOTAL of Receipts This Page (optional)			3000.00
Т	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)  11a  11b  X 11c  11d
Ar	ny information copied from such Reports and S	tatements may	not be sold or used by any perse	13a 13b 14 15 on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congre	ess		
Α.	Full Name (Last, First, Middle Initial) Realtors PAC			Date of Receipt
	Mailing Address 430 N. Michigan Ave.			05 30 7 2007
	City Chicago	State IL	Zip Code 60611	Transaction ID: 70713.C16298  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	n	Receipt  Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	Sycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) RJ Reynolds PAC			Date of Receipt
	Mailing Address 401 N. Main St. P.O. Box 718	01-1-	7'. 0.11	0 6 1 5 2 0 0 7
	City Winston Salem	State NC	Zip Code 27102	Transaction ID: 70713.C16321  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	n	Receipt  Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	cycle-to-Date ▼ 2000.00	Spending (2 U.S.C. 441a(i)/441a-1)
<u> </u>	Full Name (Last, First, Middle Initial) T-Mobile PAC			Date of Receipt
	Mailing Address 401 9th Street NW Suite 550			06 29 2007
	City	State	Zip Code	<b>Transaction ID:</b> 70713.C16311
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  1000.00
	Name of Employer	Occupation	n	Receipt
	Receipt For: 2008	Flection C	Sycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	Liection	1000.00	]
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	3000.00
Т	OTAL This Period (last page this line number	only)	)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS		)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 72 (check only one)
			or each category of the Detailed Summary Page	11a 11b X 11c 11d
			, ,	12 13a 13b 14 15
Ar or	ny information copied from such Reports an for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Hoosiers Supporting Buyer For Cor	ngress		
۹.	Full Name (Last, First, Middle Initial) The Prudential Financial PAC			Date of Receipt
	Mailing Address 1140 Connecticut A Suite 510	ve. NW		05 30 2007
	City	State	Zip Code	Transaction ID: 70713.C16299
	Washington	DC	20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	n	Receipt
	Receipt For: 2008	Election C	Sycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	Liection		7
	Other (specify) ▼	0 0	1000.00	
 3.	Full Name (Last, First, Middle Initial) United Parcel Service PAC			Date of Receipt
	Mailing Address 316 Pennsylvania A	0 6 2 5 2 0 0 7		
	City	State	Zip Code	Transaction ID: 70713.C16340
	Washington	DC	20003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	n	Receipt  Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) US Tobacco Public Affairs Inc.	l		Date of Receipt
	Mailing Address 1331 F Street, NW			M M / D D / Y Y Y Y
	Suite 450	State	Zip Code	05 18 2007
	Washington	DC	20004	Transaction ID: 70713.C16256  Amount of Each Receipt this Period
	FEC ID number of contributing	С	1 1 1 1 1	2000.00
	federal political committee.			
	Name of Employer	Occupation		Receipt  Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		2000.00	7
	Other (specify)		0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optiona	l)		3500.00
т	OTAL This Period (last page this line num	ber only)		
	, , , , , , , , , , , , , , , , , , , ,	• ,	-	

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 72 (check only one)  11a 11b X 11c 11d 11d 13b 14 15			
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may	up on the sold or used by any persorable to any persorable to dress of any political committee to	on for the purpose of soliciting contributions			
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congre	ess					
۹.	Full Name (Last, First, Middle Initial) Verizon Communications Inc. Good Mailing Address Government Club PAC	;		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City 1300 I Street, NW	State	Zip Code	Transaction ID: 70713.C16309			
	Washington	DC	20005	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer	Occupatio		Receipt  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	Receipt For: 2008  X Primary General  Other (specify)	Election C	Cycle-to-Date ▼ 1000.00	Speriding (2 0.3.0. 441a(I)/441a-1)			
3.	Full Name (Last, First, Middle Initial) Wellpoint Health Networks PAC			Date of Receipt			
	Mailing Address 655 15th Street NW Suite 425	Chaha	7'o Code	06 / 29 / 2007			
	City Washington	State DC	Zip Code 20005	Transaction ID: 70713.C16314  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer  Receipt For: 2008	Occupatio  Election C	n Cycle-to-Date ▼	Receipt  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	X Primary General Other (specify) ▼	0 0	1000.00				
<b>)</b> .	Full Name (Last, First, Middle Initial) Zeneca Inc. PAC			Date of Receipt			
	Mailing Address 701 Pennsylvania Aver Suite 500			06 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City Washington	State DC	Zip Code 20004	Transaction ID: 70713.C16307  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		2500.00			
	Name of Employer	Occupation		Receipt  Limit Increased Due to Opponent's			
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 2500.00	Spending (2 U.S.C. 441a(i)/441a-1)			
S	SUBTOTAL of Receipts This Page (optional)						
T	OTAL This Period (last page this line number	only)					

SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS			Llee concrete cohodule(a)	FOR LINE NUMBER: PAGE 18 / /2
			Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)         11a       11b       X       11c       11d         12       13a       13b       14       15
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congre	ss		
۹.	Full Name (Last, First, Middle Initial) Zeneca Inc. PAC			Date of Receipt
	Mailing Address 701 Pennsylvania Aveu Suite 500	ine, NW		0 6 2 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 70713.C16308
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer	Occupation	1	Receipt  Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 5000.00	Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	2500.00
TOTAL This Period (last page this line number only)	<b>•</b>	59000.00

SCF	HEDULE A (FEC Form 3)		Use separate schedule(s)	Check only one)
ITE	MIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
Any ir or for	nformation copied from such Reports and S commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
I \	AME OF COMMITTEE (In Full) coosiers Supporting Buyer For Congr	ess		
<b>A.</b> <u>Dr</u>	ll Name (Last, First, Middle Initial) . W. Kelley Carr			Date of Receipt
Ma — Cit	ailing Address 6 Hitching Post Rd.	State	Zip Code	05 10 2007
	est Lafayette	IN	47906	Transaction ID: 70713.C16209  Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		500.00
Na	ame of Employer	Occupation retired	n	Receipt  Limit Increased Due to Opponent's
	cceipt For: 2008  X Primary General  Other (specify)   The second of the control	Election C	Sycle-to-Date ▼ 500.00	Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Ke	Il Name (Last, First, Middle Initial) enneth Culp ailing Address 3496 S. 150 W.			Date of Receipt
				05 10 2007
Cit	ty ensselaer	State IN	Zip Code 47978	Transaction ID: 70713.C16208
FE	EC ID number of contributing deral political committee.	C	4/9/0	Amount of Each Receipt this Period  250.00
Na se	ame of Employer If	Occupation Farmer	n	Receipt  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	eceipt For: 2008  X Primary General  Other (specify)	Election C	cycle-to-Date ▼ 250.00	Speriority (2 0.3.0. 441a(t)/441a-1)
	ll Name (Last, First, Middle Initial) mes Davis			Date of Receipt
Ma	ailing Address 2337 N. Untaluti			05 30 7 2007
Cit M	ty onticello	State IN	Zip Code 47960	Transaction ID: 70713.C16291  Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	17000	250.00
Na Ind	ame of Employer diana Beach, Inc.	Occupation Manager		Receipt  Limit Increased Due to Opponent's
	ceipt For: 2008  X Primary General  Other (specify)	Election C	cycle-to-Date ▼ 250.00	Spending (2 U.S.C. 441a(i)/441a-1)
SUB	TOTAL of Receipts This Page (optional)			1000.00
TOT	AI This Parind (last nage this line number	only)		

S	CHEDULE A (FEC Form 3 )		Use separate schedule(s)	FOR LINE NUMBER:   PAGE 20 / 72   (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congr	ess		
Α.	Full Name (Last, First, Middle Initial) Rex Early Mailing Address - 0045 Heiner Cheesel B	1		Date of Receipt
	Mailing Address 8315 Union Chapel Ro	State	Zip Code	0 5 3 0 2 0 0 7 Transaction ID: 70713.C16295
	Indianapolis	IN	46240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Carlisle Consolidated Ins- uranc	Occupatio Insuranc	e Agent	Receipt  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	cycle-to-Date ▼ 250.00	Sperialing (2 0.3.0. 441a(1)/441a-1)
В.	Full Name (Last, First, Middle Initial) Jane Gunsenhouser Mailing Address 4979 Kingswood Dr.			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 70713.C16281
	Carmel	IN	46033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer self	Occupatio Physicia	1	Receipt  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  X Primary General  Other (specify)	Election C	cycle-to-Date ▼ 200.00	
C.	Full Name (Last, First, Middle Initial) Paul Kohlheim	•		Date of Receipt
	Mailing Address 403 Station 20			05 30 7 2007
	City Sullivans Island	State SC	Zip Code 29482	Transaction ID: 70713.C16285  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Stockamp & Assoc.	Occupatio	n	Receipt  Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General Other (specify)	Election C	cycle-to-Date ▼ 250.00	Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			600.00
Н	OTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3 )	Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 72 (check only one)
ITEMIZED RECEIPTS	or each category of the Detailed Summary Page	X   11a     11b     11c     11d
	Detailed Suffillary Fage	12 13a 13b 14 15
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to s	of for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Hoosiers Supporting Buyer For Congre	ess	
Full Name (Last, First, Middle Initial)  A. Alfred Maloley		Date of Receipt
Mailing Address 2730 Windpump Road		0 6 1 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 70713.C16334
Fort Wayne	IN 46804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	Receipt
Danaint Farr	Floring Cycle to Date	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008  X Primary General	Election Cycle-to-Date ▼	
Other (specify) ▼	200.00	
Full Name (Last, First, Middle Initial)  3. Daniel Mattoon		Date of Receipt
Mailing Address 6344 Cavalier Corridor	06 29 2007	
City	State Zip Code	Transaction ID: 70713.C16312
Falls Church	VA 22044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer self	Occupation	Receipt
Receipt For: 2008	owner  Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  C. Cullen McCarty		Date of Receipt
Mailing Address 6525 W. Legacy Lane		05 30 YYYYY 2007
City	State Zip Code	Transaction ID: 70713.C16293
Ellettsville	IN 47429	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Smithville Telephone Co	Occupation Executive Vice President	Receipt  Limit Increased Due to Opponent's
Receipt For: 2008	Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	250.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>)</b>	1450.00
TOTAL This Period (last page this line number of	only)	

S	CHEDULE A (FEC Form 3 )	1	Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 72	
	EMIZED RECEIPTS		or each category of the	(check only one)	
•••	EIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 11d	
				12 13a 13b 14 15	
Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.	
Ν	NAME OF COMMITTEE (In Full)				
$\geq$	Hoosiers Supporting Buyer For Cong	ress			
A.				Date of Receipt	
	Mailing Address P.O. Box 261		71.0	06 25 2007	
	City	State	Zip Code	Transaction ID: 70713.C16339	
	Ellettsville	IN	47429	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		200.00	
	Name of Employer Smithville Telephone Co	Occupation	n	Receipt	
	Smithville Telephone Co	Executive	9	Limit Increased Due to Opponent's	
	Receipt For: 2008	Election C	Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	X Primary General	' '	500.00		
	Other (specify) ▼	0 0		1	
_	Full Name (Last, First, Middle Initial) Richard Miller			Data of Descipt	
В.		Dood		Date of Receipt	
	Mailing Address 12275 N. Ogen Point Road Unit 112			05 30 2007	
	City	State	Zip Code	Transaction ID: 70713.C16300	
	Syracuse	IN	46567	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		1000.00	
	federal political committee.			1000.00	
	Name of Employer	Occupation	n	Receipt	
	self	owner		Limit Increased Due to Opponent's	
	Receipt For: 2008	Election C	Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	X Primary General	' '	1000.00	7	
	Other (specify)	0 0	1000.00		
C.	Full Name (Last, First, Middle Initial) William Miller			Date of Receipt	
	Mailing Address 58 Thise Court			05 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 70713.C16290	
	Lafayette	IN	47905	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		200.00	
	Name of Employer	Occupation	 n	Receipt	
	Name of Employer Diagnostic Medical Imaging	Radiolog		Limit Increased Due to Opponent's	
	Receipt For: 2008		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	X Primary General	-	200.00	7	
	Other (specify)		200.00	1	
s	UBTOTAL of Receipts This Page (optional)		<u> </u>	1400.00	
Т,	OTAL This Period (last page this line number	er only)			

SCHEDULE A (FEC Form 3 )		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 72		
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 11d		
Any information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions		
or for commercial purposes, other than using the r	name and addi	ress of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congres	SS				
Full Name (Last, First, Middle Initial)  Robert Mursener  Mailing Address 6335 E. Hickory Ridge (	<b>^</b> +		Date of Receipt		
City	State	Zip Code	0 5 1 8 2 0 0 7  Transaction ID: 70713.C16245		
<u>Monticello</u>	IN	47960	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer	Occupation retired		Receipt  Limit Increased Due to Opponent's		
Receipt For: 2008  X Primary General  Other (specify)	Election Cy	/cle-to-Date ▼ 50.00	Spending (2 U.S.C. 441a(i)/441a-1)		
Full Name (Last, First, Middle Initial)  Robert Mursener			Date of Receipt		
Mailing Address 6335 E. Hickory Ridge (	0 5 3 0 7 2 0 0 7 Transaction ID: 70713.C16294				
<u>Monticello</u>	State IN	Zip Code 47960	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer	Occupation retired		Receipt  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Receipt For: 2008  X Primary General  Other (specify)	Election Cy	/cle-to-Date ▼			
Full Name (Last, First, Middle Initial)  Jeffry Price			Date of Receipt		
Mailing Address 15 South Wabash Stree	et		05 / 30 / 2007		
City Peru	State IN	Zip Code 46970	Transaction ID: 70713.C16296  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	10070	250.00		
Name of Employer Self-Employed	Occupation Attorney		Receipt  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Receipt For: 2008  X Primary General  Other (specify)	Election Cy	/cle-to-Date ▼ 250.00	Spending (2 0.3.0. 441a(1)/441a-1)		
SUBTOTAL of Receipts This Page (optional)					
TOTAL This Period (last page this line number o	nly)	<b>)</b>			

X Primary

Other (specify)

General

## SCHEDULE A (FEC Form 3)

PAGE 24/72 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congress Full Name (Last, First, Middle Initial) Date of Receipt Douglas Rose Mailing Address P.O. Box 90175 05 3 0 2007 City State Zip Code **Transaction ID: 70713.C16292** Indianapolis IN 46290 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Receipt Name of Employer self Occupation Realtor Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2008 Election Cycle-to-Date X Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jefferson Scott Shreve Date of Receipt Mailing Address Carmichael Center, 3rd Floor 0 5 30 2007 530 East Kirkwood Avenue City Zip Code Transaction ID: 70713.C16297 State **Bloomington** IN 47408 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Receipt Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2008 Election Cycle-to-Date

250.00

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	500.00
TOTAL This Period (last page this line number only)	<b>•</b>	5500.00

	CHEDULE A (FEC Form 3 EMIZED RECEIPTS	)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 72 (check only one)  11a 11b 11c 11d 11d 12 13a 13b 14 14 15
An or	y information copied from such Reports an for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Con	gress		
3.	Full Name (Last, First, Middle Initial) Lafayette Bank & Trust  Mailing Address P.O. Box 1130  City Lafayette  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2008 X Primary General Other (specify)   Full Name (Last, First, Middle Initial) Lafayette Bank & Trust  Mailing Address P.O. Box 1130  City Lafayette  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2008 X Primary General Other (specify)   Full Name (Last, First, Middle Initial) Lafayette Bank & Trust  Mailing Address P.O. Box 1130	State IN  C Occupation  State IN  C Occupation  Occupation  Occupation	Zip Code 47902-	Date of Receipt    M
	City	State	Zip Code	0 6 0 8 2 0 0 7  Transaction ID: 70713.C16262
	FEC ID number of contributing federal political committee.	C	47902-	Amount of Each Receipt this Period  29.40  Other Receipt
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	Sycle-to-Date ▼ 225.99	Note: interest from CD
SI	UBTOTAL of Receipts This Page (optional	)		87.67
T	OTAL This Period (last page this line number	per only)		

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	Check only one
Ar	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	NAME OF COMMITTEE (In Full)  Hoosiers Supporting Buyer For Congres		леээ ог ану рошисаг сопплицее то	SOLICIT CONTRIBUTIONS FROM SUCH COMMITTEE.
Α.	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 119 North Main Street			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Monticello	State IN	Zip Code 47960-6748	Transaction ID: 70713.C16261  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.06 Other Receipt
	Name of Employer  Receipt For: 2008  X Primary General Other (specify) ▼	Occupation  Election C	rycle-to-Date ▼ 4406.05	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  Note: April interest
В.	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 119 North Main Street			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Monticello	State IN	Zip Code 47960-6748	Transaction ID: 70713.C16257  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.25  Other Receipt
	Name of Employer  Receipt For: 2008  X Primary General Other (specify) ▼	Occupation  Election C	ycle-to-Date ▼ 4436.30	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  Note: May interest
C.	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 119 North Main Street			Date of Receipt
	City Monticello	State IN	Zip Code 47960-6748	0 6 1 2 2 0 0 7  Transaction ID: 70713.C16351  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	47300-0740	4.75  Other Receipt
	Name of Employer  Receipt For: 2008	Occupation C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  X Primary General  Other (specify)	Liection	cycle-to-Date ▼ 4441.05	Note: refund
s	UBTOTAL of Receipts This Page (optional)			65.06
Т	OTAL This Period (last page this line number o	nly)		

PAGE 27 / 72 FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b X 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congress Full Name (Last, First, Middle Initial) Date of Receipt Wells Fargo Mailing Address 119 North Main Street 06 29 2007 City State Zip Code **Transaction ID: 70713.C16352** Monticello IN 47960-6748 Amount of Each Receipt this Period FEC ID number of contributing 29.10 C federal political committee. Other Receipt Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2008 Election Cycle-to-Date X Primary General Note: interest 4470.15 Other (specify) Full Name (Last, First, Middle Initial) B. Wells Fargo Date of Receipt Mailing Address 119 North Main Street 06 30 2007 City Zip Code State Transaction ID: 70713.C16355 **Monticello** IN 47960-6748 Amount of Each Receipt this Period FEC ID number of contributing C 947.20 federal political committee. Other Receipt Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2008 Election Cycle-to-Date X Primary General Note: interest from CD 5417.35 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	976.30
TOTAL This Period (last page this line number only)	<u> </u>	1129.03

S	CHEDULE B (FEC Form 3)		FOR LINE NUMBER:	E NUMBER: PAGE 28/72										
	EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	)	(check only one)	171GE 2017E									
		Detailed Summary Page		X 17 18 20a 20b	19a 19b 20c 21									
	y Information copied from such Reports and State for commercial purposes, other than using the nan													
Λ	NAME OF COMMITTEE (In Full)													
$\mathbb{Z}$	Hoosiers Supporting Buyer For Congress													
Α.	Full Name (Last, First, Middle Initial) Adams Remco, Inc.			Transaction ID: 70  Date of Disburseme										
	Mailing Address P.O. Box 3968	04												
	City South Bend	State Zip Code IN 46619-		Amount of Each Dis	Amount of Each Disbursement this Period									
	Purpose of Disbursement SERVICE CONTRACT			Refund or Dispo	799.56									
	Candidate Name			tegory/ Contributions Re Type 11 C.F.R. 400.50	quired Under									
	Senate President	ement For: Primary General Other (specify)		SERVICE CONTF	ACT									
_	State: District:													
В.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 70  Date of Disburseme												
	Mailing Address P.O. Box 15715	05	05 7 2007											
	City Wilmington	State Zip Code DE 19886-		Amount of Each Dis	bursement this Period									
	Purpose of Disbursement SEE BELOW		Refund or Dispo	841.17										
	Candidate Name		ı		Contributions Required Under 11 C.F.R. 400.53									
	Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	•	SEE BELOW										
	State: District:													
C.	Full Name (Last, First, Middle Initial) Battlefield			Transaction ID: 70 Date of Disburseme										
	Mailing Address 5851 St. Rd. 43 N.	05	<sup>'</sup> 2007											
	City West Lafayette	State Zip Code IN 47906-		Amount of Each Dis	bursement this Period									
	Purpose of Disbursement GASOLINE			Refund or Dispo	37.46									
	Candidate Name	gory/ Contributions Required Under 11 C.F.R. 400.53												
	Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)		[MEMO: GASOLIN	E									
	State: District:	- (-I)/ <del>V</del>												
s	UBTOTAL of Disbursements This Page (optional)			•	1640.73									

SCHEDULE B (FECFORIII 3 )	Use seperate schedule(s)	FOR LINE NUMI	BER: PAGE 29 / 72
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)  X 17 20	18 19a 19b 20b 20c 21
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congress			
Full Name (Last, First, Middle Initial) Scottsdale Resort Mailing Address			nsaction ID: 70713.E7075 e of Disbursement  5 M / D 3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code AZ 85250-	Am	ount of Each Disbursement this Period
Purpose of Disbursement HOTEL EXPENSE  Candidate Name  Office Sought: House Disburse Senate President State: District:	l l	tegory/ ype [ME	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  MO ITEM]  MO: HOTEL EXPENSE
Full Name (Last, First, Middle Initial)  3. US Airways, Inc.			nsaction ID: 70713.E7076 te of Disbursement
Mailing Address Crystal Park Four 2345 Crystal Drive		O	5 M / D 3 D / Y 2 0 0 7
•	State Zip Code IN 46201-	tegory/	285.81  Refund or Disposal of Excess Contributions Required Under
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	[ME	11 C.F.R. 400.53 : <b>MO ITEM]</b> MO: AIRFARE
Full Name (Last, First, Middle Initial)  Bulls Bay Golf Club		<b>Tra</b> Dat	nsaction ID: 70713.E7150 e of Disbursement
Mailing Address 995 Bulls Bay Blvd.		O	$6$ $^{M}$
	State Zip Code SC 29429-	Am	ount of Each Disbursement this Period
Purpose of Disbursement FUNDRAISER FACILITIES Candidate Name			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:  Senate  President  State:  Disburse	ment For: Primary General Other (specify) ▼		NDRAISER FACILITIES
SUBTOTAL of Disbursements This Page (optional) .		•	631.86
TOTAL This Period (last page this line number only)			

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S	CHEDULE E	B (FEC Form 3	)	Use sepe	erate schedule(s)	)		E NUMBER: PAGE 30 / 72							
IT	EMIZED DIS	SBURSEMEN <sup>*</sup>	ΓS		category of the	′	(check onl								
				Detailed	Summary Page										
								20a	$oldsymbol{\sqcup}$	:0b	Щ	20c	21		
		ed from such Reports a rposes, other than usin													
$\setminus$	NAME OF COM	MITTEE (In Full)													
/	Hoosiers Supp	orting Buyer For C	ongress												
_	Full Name (Last,	First, Middle Initial)						Trans	action	n ID:	70	713.E	6972		
Α.	Capitol Hill Clu	ıb						Date of	of Disk	ourse	emer	nt			
	A							o <sup>M</sup> 4	M /	D	3	/ Y	ž 0 0 7 Y		
	Mailing Address	300 1st. St., S.E	300 1st. St., S.E.										2007		
	City			State	Zip Code			Amou	nt of E	Each	Disl	oursen	nent this Peri	iod	
	Washington			DC	20003-				-						
	Purpose of Disbu												1278.07		
	FOOD & BEV. E.	XPENSE											Excess		
	Candidate Name					I	tegory/		C.F.F				Under		
	Office Country		Dialaa			'	Гуре		_						
	Office Sought:	House Senate	Disburse	ment For: Primary	General			FOOE	) & B	EV.	ΕX	PENS	SE		
		President		Other (spe											
	State:	District:		Other (spe	Schy) ₩										
_	Full Name (Last.	ull Name (Last, First, Middle Initial)									70.		7045		
В.	Capitol Hill Club								action of Disk		_	713.E	7045		
	_ <u>'</u>								м /			/ Y	YYY		
	Mailing Address 300 1st. St., S.E.								05 7 23 7 2007						
	City			State	Zip Code			Amou	nt of E	Each	Dis	ourser	nent this Peri	iod	
	Washington DC 20003-														
	Purpose of Disbursement												1278.07		
	FOOD & BEV. EXPENSE							Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53							
	Candidate Name														
	Office Coughts	Lleves	Diahuraa	mant Fari		'	Гуре								
	Office Sought:	House Senate	Disburse	ment For: Primary	General			FOOE	) & B	EV.	EX	PENS	SE		
		President		Other (spe											
	State:	District:		Curior (ope	<b>∀</b>										
	Full Name (Last.	First, Middle Initial)						Trans	o o ti o s	- ID.	70-	710 E	6000		
C.	Chrysler Finan								of Disk				0900		
								M	M /		3	/ Y	ž 0 0 7		
	Mailing Address	P.O. Box 55000	Dept. 20	3201				0 4		_ 2	3		2007		
	City			State	Zip Code			Amou	nt of E	Each	Dis	ourser	nent this Peri	iod	
	Detroit			MI	48255-								440.50		
	Purpose of Disbursement								418.53						
	LEASE PAYMENT							Re	efund	or Di	spos	al of E	Excess		
	Candidate Name	tegory/ Type	Contributions Required Under 11 C.F.R. 400.53												
	Office Sought:	House	Disburse	ment For:		<u> </u>	7 I <sup>-</sup> -					_			
	3	Senate Primary General						LEASE PAYMENT							
		President		Other (spe	ecify) 🔻										
	State:	District:													
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s	UBTOTAL of Disk	oursements This Page	(optional) .				▶						2974.67		

S	CHEDULE B (FEC Form 3)	Use seperat	te schedule(s)		E NUMBER: PAGE 31 / 72									
_	EMIZED DISBURSEMENTS	for each cat Detailed Sui	egory of the mmary Page		X 17									
	y Information copied from such Reports and Stat for commercial purposes, other than using the na													
abla	NAME OF COMMITTEE (In Full)													
V	Hoosiers Supporting Buyer For Congress	3												
Α.	Full Name (Last, First, Middle Initial) Chrysler Financial  Mailing Address P.O. Box 55000 Dept.	203201			Transaction ID: 70713.E7051 Date of Disbursement									
	City Detroit		Zip Code 48255-		Amount of Each Disbursement this Period									
	Purpose of Disbursement LEASE PAYMENT			•	398.60  Refund or Disposal of Excess									
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53									
	Senate President	sement For: Primary Other (specify	General y) ▼		LEASE PAYMENT									
	State: District:													
В.	Full Name (Last, First, Middle Initial) Chrysler Financial				Transaction ID: 70713.E7152 Date of Disbursement									
	Mailing Address P.O. Box 55000 Dept.		$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & Y \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & D & Y \end{smallmatrix} \end{bmatrix}$											
	City Detroit		Zip Code 18255-		Amount of Each Disbursement this Period									
	Purpose of Disbursement LEASE PAYMENT		398.60  Refund or Disposal of Excess											
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53									
	Office Sought: House Disbut Senate President	sement For: Primary Other (specify	General		LEASE PAYMENT									
	State: District:	Culoi (opcoii)	J) ▼											
C.	Full Name (Last, First, Middle Initial) Comcast				Transaction ID: 70713.E6983 Date of Disbursement									
	Mailing Address				$\begin{bmatrix}\begin{smallmatrix}M&4&M\\0&4&M\end{smallmatrix}\end{bmatrix}^{\prime}\begin{bmatrix}\begin{smallmatrix}D&2&0\\2&3\end{smallmatrix}\end{bmatrix}^{\prime}\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&0&7\end{smallmatrix}\end{bmatrix}^{\prime}$									
	City Monticello		Zip Code 47960-		Amount of Each Disbursement this Period									
	Purpose of Disbursement	• •	55.16											
	CABLE SERVICE Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53											
	Office Sought: House Disbut	sement For:	General	) F -	CABLE SERVICE									
	President State: District:	Other (specify	y) <b>▼</b>											
s	UBTOTAL of Disbursements This Page (optional	l)			852.36									

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	CHEDULE B (FEC Form 3)	Use seperate schedul		FOR LINE N						
IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X	·					
	y Information copied from such Reports and St for commercial purposes, other than using the									
Λ	NAME OF COMMITTEE (In Full)									
/	Hoosiers Supporting Buyer For Congre	ess								
Α.	Full Name (Last, First, Middle Initial) Comcast				Transaction ID: 70713.E7142 Date of Disbursement					
	Mailing Address				$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Y \\ 2 & Q & Q & 7 \end{smallmatrix} \end{bmatrix}$					
	City Monticello	State Zip Code IN 47960-			Amount of Each Disbursement this Period					
	Purpose of Disbursement CABLE SERVICE				55.16  Refund or Disposal of Excess					
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Disk Senate President	oursement For: Primary General Other (specify)	ral		CABLE SERVICE					
	State: District:									
В.	Full Name (Last, First, Middle Initial) Corporate Card				Transaction ID: 70713.E6997 Date of Disbursement					
	Mailing Address P.O. Box 10347		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ O & O & 7 \end{smallmatrix} \end{bmatrix} $							
	City Des Moines	State Zip Code IA 50306-			Amount of Each Disbursement this Period					
	Purpose of Disbursement CELL PHONE EQUIPMENT			Refund or Disposal of Excess Contributions Required Under						
	Candidate Name	Candidate Name Cat								
	Office Sought: House Disk Senate President	oursement For: Primary Gener Other (specify)	ral		CELL PHONE EQUIPMENT					
	State: District:									
C.	Full Name (Last, First, Middle Initial) Corporate Card				Transaction ID: 70713.E7003 Date of Disbursement					
	Mailing Address P.O. Box 10347				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$					
	City Des Moines	State Zip Code IA 50306-			Amount of Each Disbursement this Period					
	Purpose of Disbursement SEE BELOW		2808.49  Refund or Disposal of Excess							
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53							
	Office Sought: House Disk Senate President	oursement For: Primary General Other (specify)	ral		SEE BELOW					
_	State: District:	·								
s	UBTOTAL of Disbursements This Page (optio	nal)			2916.85					

C/		`								
	CHEDULE B (FEC Form 3	-		erate schedule(s)	FOR LINE (check only	NUMBER: PAGE 33 / 72				
IT	EMIZED DISBURSEMENT	S		category of the Summary Page	_ i `	X 17				
	y Information copied from such Reports a for commercial purposes, other than usin									
$\setminus$	NAME OF COMMITTEE (In Full)									
	Hoosiers Supporting Buyer For Co	ongress								
Α.	Full Name (Last, First, Middle Initial) Amoco Gas Station					<b>Transaction ID:</b> 70713.E7006  Date of Disbursement				
	Mailing Address	$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$								
	City Lebanon		State N	Zip Code 46052-		Amount of Each Disbursement this Period				
	Purpose of Disbursement GASOLINE					112.97  Refund or Disposal of Excess				
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Senate President	Disburser	nent For: Primary Other (spe	General		[MEMO ITEM] MEMO: GASOLINE				
	State: District:		Other (Spe	O.I.y) ₩						
	Full Name (Last, First, Middle Initial)					Transaction ID: 70713.E7020				
B.	Battlefield	Date of Disbursement								
	Mailing Address 5851 St. Rd. 43		$\begin{bmatrix} 0 & 4 & M & 1 & D & D & D & 1 & Y & Y & Y & Y & Y & Y & Y & Y & Y$							
	City		Amount of Each Disbursement this Period							
	West Lafayette		33							
	Purpose of Disbursement GASOLINE			Refund or Disposal of Excess						
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Senate President	Disburser	nent For: Primary Other (spe	General		[MEMO ITEM] MEMO: GASOLINE				
	State: District:		Other (spe	City) 🔻						
	Full Name (Last, First, Middle Initial)					Transaction ID: 70713.E7023				
C.	Clydes of Gallery Place					Date of Disbursement				
	Mailing Address					$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ 2 & 3 & M \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 & Y \end{bmatrix}$				
	City Washington		State DC	Zip Code 20005-		Amount of Each Disbursement this Period				
	Purpose of Disbursement FOOD & BEV. EXPENSE					261.23				
	Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Senate	Disburser	nent For: Primary	General	71	[MEMO ITEM] MEMO: FOOD & BEV. EXPENSE				
	President		Other (spe	cify)						
_	State: District:									
s	UBTOTAL of Disbursements This Page	(optional)				0.00				

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SCHEDULE B (FEC Form 3)				Use sep	erate schedule(s)	۱ I		E NUMBER: PAGE 34 / 72						34 / 72		
IT	EMIZED DI	SBURSEMEN <sup>*</sup>	ΓS	for each	category of the Summary Page		(check onl	X 17						19b		
								20a	20			20c	<u> </u>	21		
		ed from such Reports a rposes, other than usin														
$\setminus$	NAME OF COM	MITTEE (In Full)														
/	Hoosiers Supp	oorting Buyer For Co	ongress													
_	Full Name (Last,	First, Middle Initial)						Trans	action	ID:	707	′13.E	701	 9		
Α.	Family Expres	S						Date of	of Disb			nt				
	Mailing Address									$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$						
	City			State	Zip Code			Amou	nt of E	ach l	Dist	oursen	nent	this Period		
	Lafayette			IN	47902-			7								
	Purpose of Disbu	ırsement					•							46.70		
	GASOLINE								fund o							
	Candidate Name Category/ Type									ions . 40(		quired	Una	ier		
	Office Sought:	House	Dioburgo	ment For:		<u> </u>	ype	[MEM								
	Office Sought.	Senate	Disbuise	Primary	General			MEM	D: GA	SOI	LIN	E				
		President		Other (spe												
	State:	District:		, , ,	<i>37</i> , <b>4</b>											
	Full Name (Last,	First, Middle Initial)						Trans	action	ID:	707	′13.F	701	0		
В.	Hilton Hotels								of Disb		_	_				
	Mailing Address							o <sup>M</sup> 4	M /	<sup>D</sup> 2	<sup>D</sup> 3	/ Y	ž (	0 0 7 Y		
	City Indianapolis			State IN	Zip Code 46201-			Amou	nt of E	ach I	Dist	oursen	nent	this Period		
	Purpose of Disbursement													64.92		
	FOOD & BEV. EXPENSE								Refund or Disposal of Excess Contributions Required Under							
	Candidate Name Category/															
	Type								11 C.F.R. 400.53 [MEMO ITEM]							
	Office Sought:	House	Disburse	ment For:				-		_	& E	BEV.	EXP	PENSE		
		Senate		Primary	General											
	State:	President District:		Other (spe	ecity) 🔻											
		First, Middle Initial)						T	action	ID.	70-	740 5	700	0		
C.	House Gift Sho								of Disb		_	-	702	9		
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	Mailing Address							0 4	_		3		2 (	0 0 7		
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		reomont		DC	20313-	Ι							•	124.20		
		Purpose of Disbursement FUNDRAISER SUPPLIES								Refund or Disposal of Excess						
	Candidate Name						tegory/ Type	Contributions Required Under 11 C.F.R. 400.53								
	Office Sought:	House	Dishurse	ment For:		L'	,,,,	[MEM		_			_			
	Since Cougnit.	Senate	2.000.00	Primary	General			MEMO: FUNDRAISER SUPPLIES								
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 72 (check only one)    X 17
		y any person for the purpose of solicating contributions ommittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congress		
Full Name (Last, First, Middle Initial)  A. M & S Grill  Mailing Address 600 Thirteenth Street, N	IW	Transaction ID: 70713.E7018 Date of Disbursement  M 4 M / D 2 3 / Y 2 0 0 7
City Washington Purpose of Disbursement FOOD & BEV. EXPENSE Candidate Name	State Zip Code DC 20005-	Amount of Each Disbursement this Period  273.68  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify)	Type [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE
Full Name (Last, First, Middle Initial)  B. Rock Bottom  Mailing Address		Transaction ID: 70713.E7005 Date of Disbursement  O 4
City Indianapolis Purpose of Disbursement FOOD & BEV. EXPENSE Candidate Name  Office Sought: House Senate President State: District:	State Zip Code IN 46204-  sement For: Primary General Other (specify)   Other (specify)	Amount of Each Disbursement this Period  225.84  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE
Full Name (Last, First, Middle Initial)  C. Target  Mailing Address		Transaction ID: 70713.E7017 Date of Disbursement  M 4 M / D 2 3 / Y 2 0 0 7
City Lafayette  Purpose of Disbursement FUNDRAISER SUPPLIES  Candidate Name  Office Sought: House Senate President State: District:	State Zip Code IN 47905-  sement For: Primary General Other (specify)	Amount of Each Disbursement this Period  51.24  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  [MEMO ITEM] MEMO: FUNDRAISER SUPPLIES
SUBTOTAL of Disbursements This Page (optional	)	0.00

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$\setminus$	NAME OF COMMITTEE (In Full)														
$ \rangle$	Hoosiers Supporting Buyer For Cor	ngress													
_	Full Name (Last, First, Middle Initial)						Transa	action I	<b>)</b> : 7(	 )713	.E7	013			
Α.	Tortilla Coast							f Disbur		-					
	Mailing Address 400 First Street S	E				04 M / D23 / Y 2007									
	City		State	Zip Code			Amour	nt of Eac	h Di	sbure	seme	ent this F	eriod		
	Washington		DC	20016-				-				70.2	05		
	Purpose of Disbursement FOOD & BEV. EXPENSE					•	Po	fund or	Dien	ocal i	of Ex				
	Candidate Name				Ca	ategory/	Co	ntributio	ns R	lequir					
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	Senate President		Primary Other (spe	General											
	State: District:		O (Op 0	√y, <b>\</b>											
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В.	U.S. House Members Dinner						Date o	f Disbur	sem	ent					
	Mailing Address B-217 Longworth Bldg.							$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & O & O \end{smallmatrix} 7 \end{bmatrix}$							
	City Washington		State DC	Zip Code 20002-			Amour	nt of Eac	h Di	sbur	seme	ent this F	Period		
	Purpose of Disbursement FOOD & BEV. EXPENSE	Г	7: Refund or Disposal of Excess					73.3	35						
	Candidate Name		ategory/ Type	Contributions Required Under 11 C.F.R. 400.53											
	Office Sought: House	Disburse	ment For:				[MEMC		-	RE'	/ F	XPENS	ξĘ.		
	Senate		Primary	General			IVILIVIC	<i>.</i> 1 00	Du		,. L	XI LIV	<i>,</i> ∟		
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C.	US Airways, Inc.						Date o	f Disbur	sem	ent			Υ		
	Mailing Address Crystal Park Four 2345 Crystal Drive						0 4		23	] [	_	ž 0 ŏ 7			
	City Indianapolis		State IN	Zip Code 46201-			Amour	nt of Eac	h Di	sburs	seme	ent this F	Period		
	Purpose of Disbursement		II N	40201-								957.0	00		
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SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE								
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	Detailed Summary Page	<u> </u>	X 17 18 19a 19b 20a 20b 20c 21							
Any Information copied from such Reports and Stater										
or for commercial purposes, other than using the name	ne and address of any political co	ommittee to sol	licit contributions from such committee							
NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congress										
Full Name (Last, First, Middle Initial)			Transaction ID: 70713.E7021							
A. US Airways, Inc.			Date of Disbursement							
Mailing Address Crystal Park Four 2345 Crystal Drive			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$							
City Indianapolis	State Zip Code IN 46201-		Amount of Each Disbursement this Period							
Purpose of Disbursement AIRFARE			655.78 Refund or Disposal of Excess							
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]							
Office Sought: House Disburs Senate President	ement For:  Primary General  Other (specify) ▼		MEMO: AIRFARE							
State: District:										
Full Name (Last, First, Middle Initial)  B. US Airways, Inc.			Transaction ID: 70713.E7011 Date of Disbursement							
Mailing Address Crystal Park Four 2345 Crystal Drive		$\begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix}$ $\begin{bmatrix} D & D & D \\ 0 & 2 & 3 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$								
City Indianapolis	State Zip Code IN 46201-		Amount of Each Disbursement this Period							
Purpose of Disbursement AIRFARE	[		313.50  Refund or Disposal of Excess Contributions Required Under							
Candidate Name		Category/ Type	11 C.F.R. 400.53 [MEMO ITEM]							
Office Sought: House Disburs Senate President	ement For:  Primary General  Other (specify) ▼		MEMO: AIRFARE							
State: District:										
Full Name (Last, First, Middle Initial) C. Corporate Card			Transaction ID: 70713.E7035 Date of Disbursement							
Mailing Address P.O. Box 10347			$\begin{bmatrix} 0 & 5 & M \\ 0 & 5 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 2 & 5 \\ 0 & 2 & 0 & 0 \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 2 & 0 \\ 0 & 2 & 0 & 0 \end{bmatrix}$							
City Des Moines	State Zip Code IA 50306-		Amount of Each Disbursement this Period							
Purpose of Disbursement SEE BELOW			2989.41  Refund or Disposal of Excess Contributions Required Under							
	Candidate Name Category Type									
Office Sought: House Disburs Senate President State: District:	ement For:  Primary General  Other (specify) ▼		SEE BELOW							
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	y Information copied from															
$\overline{}$	NAME OF COMMITTE	EE (In Full)														
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۹.	Full Name (Last, First, US Airways, Inc.  Mailing Address C	Middle Initial)  rystal Park Foundament Foun	ır ve						Date o		on ID: sburse	eme	_		0 0 7 Y	
	City Indianapolis		S	tate N	Zip Code 46201-			1	Amoui	nt of	Each	Dis	burse	emen	this Perio	od
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	Candidate Name						ategory/ Type	ra.	11	C.F	outions R. 40	0.5		a un	uer	
		House Senate President trict:		nent For: Primary Other (spe	General cify) ▼			[MEMO ITEM] MEMO: AIRFA								
	Full Name (Last, First,	Middle Initial)						Т	rane	acti	on ID:	70	713	F70'	 27	
3.	Verizon Wireless	•							Date c		sburse	eme				
	Mailing Address P.O. Box 630024								0 5		3	0	Ĺ	2	0 0 7 <sup>Y</sup>	
	City Dallas			tate X	Zip Code 75263-			1	Amoui	nt of	Each	Dis	burs	emen	this Perio	od
	Purpose of Disbursement CELL PHONE EQUIPMENT							275.58  Refund or Disposal of Excess								
	Candidate Name						ategory/ Type	L	Contributions Required Under 11 C.F.R. 400.53							
		House Senate President trict:		nent For: Primary Other (spe	General cify) ▼						TEM] CELL		ONE	E EQ	UIPMEN	Т
	Full Name (Last, First,							١.			ID-	70	710	F70	20	
Э.	Corporate Card	,							Date o	f Di	on ID: sburse	eme				
	Mailing Address P	.O. Box 10347							0 5	M /	2	: 5ั	Ľ	Ż	0 0 7 °	
	City Des Moines			tate A	Zip Code 50306-			<i>A</i>	Amoui	nt of	Each	Dis	burse	emen	this Perio	od
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		E NUMBER: PAGE 39/72			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	ly one)   X   17			
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$\overline{\ }$	NAME OF COMMITTEE (In Full)						
	Hoosiers Supporting Buyer For Congress						
۹.	Full Name (Last, First, Middle Initial) Battlefield		Transaction ID: 70713.E7094 Date of Disbursement				
	Mailing Address 5851 St. Rd. 43 N.			$\begin{bmatrix} M & M $			
	•	State Zip Code IN 47906-		Amount of Each Disbursement this Period			
	Purpose of Disbursement GASOLINE		41.34  Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		MEMO: GASOLINE			
	Full Name (Last, First, Middle Initial)			Transaction ID: 70713.E7093			
3.	Capital Grille			Date of Disbursement			
	Mailing Address 601 Pennsylvania Ave., N			05 M / D25 / Y 2007			
	•	State Zip Code DC 20004-		Amount of Each Disbursement this Period			
	Purpose of Disbursement FOOD & BEV. EXPESNE	50.00					
	Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Senate President	ement For: Primary General Other (specify)		[MEMO: FOOD & BEV. EXPESNE			
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Э.	Full Name (Last, First, Middle Initial) Family Express			Transaction ID: 70713.E7086 Date of Disbursement			
	Mailing Address			$\begin{bmatrix} M & M $			
		State Zip Code IN 47902-		Amount of Each Disbursement this Period			
	Purpose of Disbursement			76.77			
	GASOLINE Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President	ement For:  Primary General  Other (specify)	Турс	MEMO: GASOLINE			
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s	UBTOTAL of Disbursements This Page (optional) .			0.00			
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Hoosiers Supporting Buyer For Congress    Full Name (Last, First, Middle Initial)							or the purpose of solicating contributions
A Fogo De Chao Churrasca  Mailing Address 1101 Pennsylvania Ave.  City Washington DC 20004- Purpose of Disbursement IN-KIND RYUN FOR CONGRESS/FOOD & BE Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) La Lomita Dos Restaurant  Mailing Address  City State Zip Code Disbursement For: Senate President District:  Full Name (Last, First, Middle Initial)  Transaction ID: 70713.E7099 Date of Disbursement For: Senate President Disbursement For: Senate President District:  Full Name (Last, First, Middle Initial)  Full Name (	$\rangle$	• • •	ongress				
City Washington DC 20004- Purpose of Disbursement In-KIND RYUN FOR CONGRESS/FOOD & BE Candidate Name  Office Sought: House President President State: District:  Full Name (Last, First, Middle Initial) La Lomita Dos Restaurant  Mailing Address  Category' Type  Office Sought: House President Primary General Other (specify) ▼  State Zip Code Washington DC 20005- Purpose of Disbursement For: Senate Primary General Other (specify) ▼  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) La Lomita Dos Restaurant  Mailing Address  Candidate Name  Office Sought: House Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: House Senate Primary General Other (specify) ▼  Transaction ID: 70713.E7089  Date of Disbursement For: Transaction ID: 70713.E7089  Date of Disbursement For: Senate Primary General Other (specify) ▼  Transaction ID: 70713.E7089  Date of Disbursement For: Transaction ID: 70713.E7089  Date of Disbursement For: Senate Primary General Other (specify) ▼  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Office Sought: President Disbursement For: Senate Primary General Other (specify) ▼  Office Sought: President Disbursement For: Senate Primary General Other (specify) ▼  Office Sought: President Disbursement For: Senate Primary General Other (specify) ▼  Office Sought: Disbursement For: Senate Primary General Other (specify) ▼	<b>A</b> .	Fogo De Chao Churrasca	υρία Ανα				Date of Disbursement
Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) La Lomita Dos Restaurant  Mailing Address  City Washington DC 20005- Purpose of Disbursement For: Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  City Mane (Last, First, Middle Initial)  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Scottsdale AZ 85250-  Purpose of Disbursement For: State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code Disbursement For: Senate Primary General Other (specify) ▼  Office Sought: House Scottsdale AZ 85250-  Purpose of Disbursement For: State: Disbursement For: District: AZ 85250-  Purpose of Disbursement For: State Size Conditions Required Under 11.C.F.R. 400.53 (McCormick Ranch Golf Course Primary General Primary		City Washington Purpose of Disbursement	§				Amount of Each Disbursement this Period 715.08
State: District:  B. La Lomita Dos Restaurant  Mailing Address  City Washington Purpose of Disbursement FOOD & BEV. EXPENSE Candidate Name  Office Sought: House Senate Persident State: District:  Full Name (Last, First, Middle Initial) Ct.  City Washington Dispursement Food & Bev. EXPENSE Candidate Name  Office Sought: Primary Other (specify)  Mailing Address  City State District:  Transaction ID: 70713.E7099 Date of Disbursement this Period  Amount of Each Disbursement this Period  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  IMEMO ITEM] MEMO: FOOD & BEV. EXPENSE  Transaction ID: 70713.E7089 Date of Disbursement Dispursement Di		Candidate Name  Office Sought: House Senate		Primary			Contributions Required Under 11 C.F.R. 400.53  [MEMO ITEM]  MEMO: IN-KIND RYUN FOR CO-
City State District:  City State Disbursement For: Senate Primary General Other (specify) ▼  City Scottsdale AZ 85250-  City Scottsdale Name  Category' Type  Mailing Address  Category' Type  Disbursement For: Senate District:  City State Zip Code AZ 85250-  Category' Type  Category' Type  MEMO: FOOD & BEV. EXPENSE  Candidate Name  Category' Type  Transaction ID: 70713.E7089  Date of Disbursement this Period  Refund or Disposal of Excess Contributions Required Under 11.CF. 4.00.53  [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE  Transaction ID: 70713.E7089  Date of Disbursement  Of 5	В.	State: District: Full Name (Last, First, Middle Initial)		(-	- <i>3</i> , <b>v</b>		
Washington DC 20005- Purpose of Disbursement FOOD & BEV. EXPENSE  Candidate Name  Office Sought: House Senate President State: District:  City State Xing Address  City Scottsdale AZ 85250-  Purpose of Disbursement FACILITIES FOR FUNDRAISER  Candidate Name  Office Sought: House Disbursement For:  Category/ Type  Disbursement For:  Category/ Type  Other (specify) ▼  Transaction ID: 70713.E7089  Date of Disbursement FACILITIES FOR FUNDRAISER  Candidate Name  Office Sought: House Senate Primary General  Office Sought: House Disbursement For:  Senate President State: District:  Disbursement For:  Senate Primary General Other (specify) ▼  MEMO: FACILITIES FOR FUND-  Amount of Each Disbursement this Period  Category/ Type  MEMO: FACILITIES FOR FUND-  Refund or Disposal of Excess Contributions Required Under  11 C. F.R. 400.53  [MEMO ITEM]  MEMO: FACILITIES FOR FUND-  RAISER	σ.						
Full Name (Last, First, Middle Initial)  C. McCormick Ranch Golf Course  Mailing Address  City Scottsdale Purpose of Disbursement FACILITIES FOR FUNDRAISER Candidate Name  Disbursement For:  Senate Primary State: District:  State: District:  City Scottsdale Purpose of Disbursement FACILITIES FOR FUNDRAISER Candidate Name  Disbursement For:  Category/ Type  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  [MEMO: FOOD & BEV. EXPENSE  Transaction ID: 70713.E7089 Date of Disbursement  Mo 5 M / P 2 5 / Y 2 0 0 7 Y  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Primary Office Sought: House Disbursement For: Senate Primary Office Sought: Other (specify)  Other (specify)  Type  MEMO: FOOD & BEV. EXPENSE  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  MEMO: FACILITIES FOR FUND-  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  [MEMO ITEM]  MEMO: FACILITIES FOR FUND-  RAISER		Washington					
Senate   Primary   General		FOOD & BEV. EXPENSE					Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) McCormick Ranch Golf Course  Mailing Address  City State Zip Code AZ 85250-  Purpose of Disbursement FACILITIES FOR FUNDRAISER Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  Transaction ID: 70713.E7089  Date of Disbursement  Page 1  Amount of Each Disbursement this Period  Category/ Type  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  [MEMO ITEM] MEMO: FACILITIES FOR FUND- RAISER		Senate President	Disburser	Primary			
City State Zip Code Scottsdale AZ 85250-  Purpose of Disbursement FACILITIES FOR FUNDRAISER  Candidate Name  Category/ Type  Office Sought: House Senate President President  State: District:  Amount of Each Disbursement this Period  Category/ Type  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  [MEMO ITEM]  MEMO: FACILITIES FOR FUND-RAISER	C.	Full Name (Last, First, Middle Initial)					Date of Disbursement
Scottsdale  Purpose of Disbursement FACILITIES FOR FUNDRAISER  Candidate Name  Category/ Type  Office Sought:  House Senate President State:  District:  AZ 85250-  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  [MEMO ITEM] MEMO: FACILITIES FOR FUND- RAISER							
Office Sought: House Senate President State: District:  Disbursement For: General Other (specify) Type  11 C.F.R. 400.53  [MEMO ITEM]  MEMO: FACILITIES FOR FUND-RAISER		Scottsdale  Purpose of Disbursement FACILITIES FOR FUNDRAISER				247.22  Refund or Disposal of Excess	
Senate Primary General RAISER  President Other (specify) ▼  State: District:			Disburser	ment For			11 C.F.R. 400.53 [MEMO ITEM]
		Senate President	2.3541001	Primary			MEMO: FACILITIES FOR FUND- RAISER
SUBTOTAL of Disbursements This Page (optional)							0.00

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SCHEDULE B (FEC Form 3	Use seperate schedule(s)		NUMBER: PAGE 41/72					
ITEMIZED DISBURSEMENT		(check only	7 one) X 17					
Any Information copied from such Reports an or for commercial purposes, other than using								
NAME OF COMMITTEE (In Full)	•							
Hoosiers Supporting Buyer For Cor	ngress							
Full Name (Last, First, Middle Initial) Northwest Airlines  Mailing Address			Transaction ID: 70713.E7097 Date of Disbursement  05  25  2007					
City Indianapolis	State Zip Code IN 46240-		Amount of Each Disbursement this Period					
Purpose of Disbursement		· · ·	795.30					
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53					
Senate President	Disbursement For:  Primary General  Other (specify) ▼		MEMO: AIRFARE					
State: District:								
Full Name (Last, First, Middle Initial)  Ocean Club			Transaction ID: 70713.E7090 Date of Disbursement  O 5					
Mailing Address	Mailing Address							
City Scottsdale	State Zip Code AZ 85250-		Amount of Each Disbursement this Period					
Purpose of Disbursement FOOD & BEV. EXPENSE								
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53					
Senate President	Disbursement For:  Primary General  Other (specify) ▼		[MEMO ITEM] MEMO: FOOD & BEV. EXPENSE					
State: District:								
Full Name (Last, First, Middle Initial) U.S. House Members Dinner			Transaction ID: 70713.E7098 Date of Disbursement					
Mailing Address B-217 Longworth	Bldg.		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$					
City Washington	State Zip Code DC 20002-		Amount of Each Disbursement this Period					
Purpose of Disbursement FOOD & BEV. EXPENSE	19.40  Refund or Disposal of Excess							
Candidate Name								
Office Sought: House Senate President	Disbursement For:  Primary General  Other (specify)	. 762	[MEMO ITEM] MEMO: FOOD & BEV. EXPENSE					
State: District:	V 1 == 27/ ₩							
SUBTOTAL of Disbursements This Page (o	optional)		0.00					

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SCHEDULE B (FEC Form 3 )					erate schedule(s)		FOR LINE (check onli	E NUMBER: PAGE 42 / 72								
IT	EMIZED DIS	BURSEMEN <sup>*</sup>	TS		category of the Summary Page			X 1	´ .		18 20b		19a		19b 21	
		d from such Reports a														
$\overline{}$	NAME OF COMM	IITTEE (In Full)														
$\rangle$		orting Buyer For C	ongress													
Α.	Full Name (Last, First, Middle Initial)  US Airways, Inc.  Mailing Address Crystal Park Four 2345 Crystal Drive							Da	ate o		on ID: sburse		ent		0 0 7 Y	
	City Indianapolis	20 10 Oryotal Di	S	State N	Zip Code 46201-			Ar	mour	nt of	Each	Di	sburs	emen	t this Period	
	Purpose of Disbur	rsement					0 0	L	Re	fun	d or Di	ispo	osal o	f Exc	690.30	
	Candidate Name						ategory/ Type	FRA	11	C.F	outions R. 40	0.5		ea Un	aer	
	Office Sought: State:	House Senate President District:		nent For: Primary Other (spe	General ecify) ▼			[MEMO ITEM] MEMO: AIR FA					Ε			
3.	Full Name (Last, F Whyte Horse W	,						Transaction ID: 70713.E7091 Date of Disbursement				91				
	Mailing Address 1510 South Airport Road						05 7 25 7 2007									
	City State Zip Code Monticello IN 47960-								mour	nt of	Each	Di	sburs	emen	t this Period	_
	Purpose of Disbursement FUNDRAISER GIFTS						•	212.69  Refund or Disposal of Excess								
	Candidate Name						ategory/ Type	Contributions Required Under 11 C.F.R. 400.53  [MEMO ITEM]								
	Office Sought:	House Senate President District:		nent For: Primary Other (spe	General cify) ▼			_			UND		AISEI	R GII	FTS	
	Full Name (Last, F							_				_				
Э.	Zydecos 5	iist, wildale iiitiai)						Da	ate o	f Di	on ID: sburse	eme	ent			
	Mailing Address	11E. Main Stree	et						5	M .	<sup>D</sup> 2	2 5	]	ž	0 0 7 Y	
	City Mooresville			State N	Zip Code 46158-			Ar	mour	nt of	Each	Di	sburs	emen	t this Period	_
	Purpose of Disbur FOOD & BEV. EX							L	Re	fund	d or Di	ispo	osal o	f Exc	543.95 ess	
	Candidate Name Categor Type													der		
	Office Sought:	House Senate President		nent For: Primary Other (spe	General ecify) ▼			_			-	•	BEV	/. EX	PENSE	
	State:	District:														
s	<b>UBTOTAL</b> of Disb	ursements This Page	(optional)				<b>•</b>					_			0.00	

SCHEDULE B (FEC Form 3 )				FOR LINE	NUMBER: PAGE 43 / 72				
	EMIZED DISBURSEMENTS		erate schedule(s) category of the	(check only	<u> </u>				
		Detailed	Summary Page	1 }	X 17 18 19a 19b 20a 20b 20c 21				
	y Information copied from such Reports and Sta for commercial purposes, other than using the r								
abla	NAME OF COMMITTEE (In Full)								
$ \rangle$	Hoosiers Supporting Buyer For Congre	SS							
Α.	Full Name (Last, First, Middle Initial) Corporate Card				Transaction ID: 70713.E7159 Date of Disbursement				
	Mailing Address P.O. Box 10347	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
	City Des Moines	State IA	Zip Code 50306-		Amount of Each Disbursement this Period				
	Purpose of Disbursement SEE BELOW			• •	6051.70  Refund or Disposal of Excess				
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disb Senate President	Primary Other (spe	General ecify) ▼		SEE BELOW				
	State: District:								
В.	Full Name (Last, First, Middle Initial) Anson Street Cafe	Transaction ID: 70713.E7163 Date of Disbursement							
	Mailing Address				$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} 0 & 2 & 0 \\ 2 & 0 & 0 \end{bmatrix} / \begin{bmatrix} y & y & y & y \\ 2 & 0 & 0 & 7 \end{bmatrix}$				
	City Charleston	State SC	Zip Code 29418-		Amount of Each Disbursement this Period				
	Purpose of Disbursement FOOD & BEV. EXPENSE		1276.55  Refund or Disposal of Excess						
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]				
	Office Sought: House Disb Senate President	ursement For: Primary Other (spe	General		MEMO: FOOD & BEV. EXPENSE				
	State: District:		55y) <b>\</b>						
C.	Full Name (Last, First, Middle Initial) Budget Rent-A-Car				Transaction ID: 70713.E7166 Date of Disbursement				
	Mailing Address				$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} & \begin{smallmatrix} M \\ \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D \\ Z \end{smallmatrix} & \begin{smallmatrix} D \\ Q \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} Y \\ Z \end{smallmatrix} & \begin{smallmatrix} Y \\ Q \end{smallmatrix} & \begin{smallmatrix} Q \\ Q \end{smallmatrix} & Q \end{smallmatrix} & \begin{smallmatrix} Q \\ Q \end{smallmatrix} & Q \end{smallmatrix} & \begin{smallmatrix} Q \\ Q \end{smallmatrix} & Q \end{smallmatrix} & Q \end{smallmatrix} & Q \end{smallmatrix} & $				
	City Charleston	State SC	Zip Code 29401-		Amount of Each Disbursement this Period				
	Purpose of Disbursement RENTAL CAR			• •	260.78				
	Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Disb Senate President	ursement For: Primary Other (spe	General	- <del></del>	[MEMO: RENTAL CAR				
	State: District:	Outer (spe	Jony) ▼						
s	UBTOTAL of Disbursements This Page (option	nal)		<b>)</b>	6051.70				

ITI		Use seperate schedule(s)   (chock of		NE NUMBER: PAGE 44 / 72					
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21					
	r Information copied from such Reports and Statem or commercial purposes, other than using the name								
$\overline{}$	NAME OF COMMITTEE (In Full)								
	Hoosiers Supporting Buyer For Congress								
	Full Name (Last, First, Middle Initial) Charleston Place	Transaction ID: 70713.E7167 Date of Disbursement							
	Mailing Address 205 Meeting Street		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$						
	City S Charleston	Amount of Each Disbursement this Period							
	Purpose of Disbursement HOTEL EXPENSE		2967.03  Refund or Disposal of Excess						
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		MEMO: HOTEL EXPENSE					
	State: District:								
_	Full Name (Last, First, Middle Initial) Grill 225			Transaction ID: 70713.E7162 Date of Disbursement					
	Mailing Address 225 East Bay Street			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
	•	State Zip Code SC 29401-		Amount of Each Disbursement this Period					
	Purpose of Disbursement FOOD & BEV. EXPENSE		1083.25  Refund or Disposal of Excess						
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]					
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)		MEMO: FOOD & BEV. EXPENSE					
	State: District:								
	Full Name (Last, First, Middle Initial) Whyte Horse Winery			Transaction ID: 70713.E7168  Date of Disbursement					
	Mailing Address 1510 South Airport Road			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
		State Zip Code IN 47960-		Amount of Each Disbursement this Period					
	Purpose of Disbursement FUNDRAISER GIFTS			65.93  Refund or Disposal of Excess					
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: FUNDRAISER GIFTS					
	State: District:								
SI	JBTOTAL of Disbursements This Page (optional)	<u></u>	<b>&gt;</b>	0.00					

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	CHEDULE B (FEC Form 3)			rate schedule(s)	FOR LINE (check only	NUMBER: PAGE 45/72
ITEMIZED DISBURSEMEN		8		ategory of the Summary Page	_   ` <u>-</u> -	X 17 18 19a 19b
_						20a 20b 20c 21
	y Information copied from such Reports and for commercial purposes, other than using t					
Λ	NAME OF COMMITTEE (In Full)					
V	Hoosiers Supporting Buyer For Con-	gress				
_	Full Name (Last, First, Middle Initial)					Transaction ID: 70713.E7126
Α.	Corporate Card					Date of Disbursement
	Mailing Address P.O. Box 10347	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City	Sta	ate	Zip Code		Amount of Each Disbursement this Period
	Des Moines	IA	ı	50306-		0.400.45
	Purpose of Disbursement SEE BELOW					3188.45  Refund or Disposal of Excess
	Candidate Name				Category/	Contributions Required Under
					Type	11 C.F.R. 400.53
	<u> </u>	Disburseme				SEE BELOW
	Senate President		rimary Other (spec	General		
	State: District:		illei (spec	Sily) \		
	Full Name (Last, First, Middle Initial)					Transaction ID: 70713.E7129
В.	Bulls Bay Golf Club					Date of Disbursement
	Mailing Address 995 Bulls Bay Blvd	$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix}$				
	City	Sta		Zip Code		Amount of Each Disbursement this Period
	Awendaw	S	C	29429-		110.00
	Purpose of Disbursement FUNDRAISER SUPPLIES					119.28
	Candidate Name				Category/	Refund or Disposal of Excess Contributions Required Under
	Candidate Name				Type	11 C.F.R. 400.53
	Office Sought: House	Disburseme	ent For:			[MEMO ITEM] MEMO: FUNDRAISER SUPPLIES
	Senate		rimary	General		WEWO. I ONDRAISER SUFFEIES
	President	C	other (spec	cify) 🔻		
	State: District:					
C.	Full Name (Last, First, Middle Initial) Charleston Place					Transaction ID: 70713.E7134 Date of Disbursement
	Mailing Address 205 Meeting Stree	t				$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix}$
	City Charleston	Sta S(		Zip Code 29401-		Amount of Each Disbursement this Period
	Purpose of Disbursement	- 30	<u> </u>	29401-		2019.41
	HOTEL EXPENSE					Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House D	Disburseme	ent For:		. , , , ,	[MEMO ITEM]
	Senate		rimary	General		MEMO: HOTEL EXPENSE
	President	c	ther (spec	cify) 🔻		
_	State: District:					
s	UBTOTAL of Disbursements This Page (or	otional)				3188.45

SCHEDULE B (FEC Form 3 )				FORLIN	NE NUMBER: PAGE 46 / 72
	EMIZED DISBURSEMENTS		erate schedule(s) category of the	(check c	
		Detailed	Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam				
Ν	NAME OF COMMITTEE (In Full)				
V	Hoosiers Supporting Buyer For Congress				
Α.	Full Name (Last, First, Middle Initial) Dicks Sporting Mailing Address				Transaction ID: 70713.E7137 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Lafayette	State IN	Zip Code 47905-		Amount of Each Disbursement this Period
	Purpose of Disbursement FUNDRAISING SUPPLIES	228.58  Refund or Disposal of Excess			
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: Primary Other (sp	General ecify) ▼		MEMO: FUNDRAISING SUPPLIES
	State: District:				
В.	Full Name (Last, First, Middle Initial) Grill 225				<b>Transaction ID:</b> 70713.E7130 Date of Disbursement
	Mailing Address 225 East Bay Street	06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	City Charleston	State SC	Zip Code 29401-		Amount of Each Disbursement this Period
	Purpose of Disbursement FOOD & BEV. EXPENSE	•	37.20 Refund or Disposal of Excess		
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs Senate President	ement For: Primary Other (sp	General ecify) ▼	•	MEMO: FOOD & BEV. EXPENSE
	State: District:				
C.	Full Name (Last, First, Middle Initial) Hertz Rent-A-Car				Transaction ID: 70713.E7131 Date of Disbursement
	Mailing Address				0 6 M / D 2 D / Y Y Y Y Y Y
	City Charleston	State SC	Zip Code 29418-		Amount of Each Disbursement this Period
	Purpose of Disbursement CAR RENTAL				362.04
	Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Senate	ement For: Primary	General	Туре	[MEMO ITEM] MEMO: CAR RENTAL
_	President State: District:	Other (sp	ecity) 🔻		
s	UBTOTAL of Disbursements This Page (optional)	<u></u>		<b>&gt;</b>	0.00

SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 47 / 72 (check only one)
	Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21
		y any person for the purpose of solicating contributions ommittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congres	SS	
Full Name (Last, First, Middle Initial)  A. David L. Andrukitis, Inc.		Transaction ID: 70713.E6986  Date of Disbursement
Mailing Address 50 E Street, SE		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Washington	State Zip Code DC 20003-	Amount of Each Disbursement this Period
Purpose of Disbursement PRINTING EXPENSE		389.90
Candidate Name		Category/ Type  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Senate President	ursement For: Primary General Other (specify) ▼	PRINTING EXPENSE
State: District: Full Name (Last, First, Middle Initial)		Turner ID 70740 F0077
B. Embarq		Transaction ID: 70713.E6977  Date of Disbursement
Mailing Address P.O. Box 74517		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Atlanta	State Zip Code GA 30374-	Amount of Each Disbursement this Period
Purpose of Disbursement PHONE BILL		406.96  Refund or Disposal of Excess
Candidate Name		Category/ Type  Return of Disposar of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbution Senate President State: District:	ursement For:  Primary  General  Other (specify) ▼	PHONE BILL
Full Name (Last, First, Middle Initial)  C. Embarq		Transaction ID: 70713.E7056 Date of Disbursement
Mailing Address P.O. Box 74517		05
City Atlanta	State Zip Code GA 30374-	Amount of Each Disbursement this Period
Purpose of Disbursement PHONE BILL		402.47  Refund or Disposal of Excess
Candidate Name	Category/ Type Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Senate President State: District:	ursement For: Primary General Other (specify) ▼	PHONE BILL
SUBTOTAL of Disbursements This Page (option	al)	1199.33
TOTAL This Period (last page this line number o	,	

SCHEDULE B (FECForm 3)	Use seperate schedule(s)	FOR LINE N							
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only o	— —						
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NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congress									
Full Name (Last, First, Middle Initial) Embarq			Transaction ID: 70713.E7146  Date of Disbursement  0 6 M / D 1 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address P.O. Box 74517			00 10 2007						
City Atlanta	State Zip Code GA 30374-		Amount of Each Disbursement this Period						
Purpose of Disbursement PHONE BILL Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53						
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		PHONE BILL						
Full Name (Last, First, Middle Initial)  3. GM Card			Transaction ID: 70713.E6998  Date of Disbursement						
Mailing Address Dept. 9600			$ \begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} $ $ \begin{bmatrix} D & 2 & 3 \\ 0 & 2 & 3 \end{bmatrix} $ $ \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$						
City Carol Stream	State Zip Code IL 60128-		Amount of Each Disbursement this Period						
Purpose of Disbursement GASOLINE			78.01  Refund or Disposal of Excess Contributions Required Under						
Candidate Name		Category/ Type	11 C.F.R. 400.53						
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		GASOLINE						
Full Name (Last, First, Middle Initial) GM Card			<b>Transaction ID:</b> 70713.E7061 Date of Disbursement						
Mailing Address Dept. 9600			05 7 25 7 2007						
City Carol Stream	State Zip Code IL 60128-		Amount of Each Disbursement this Period						
Purpose of Disbursement SEE BELOW	I	•	2104.20  Refund or Disposal of Excess						
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		SEE BELOW						
SUBTOTAL of Disbursements This Page (optional)									
TOTAL This Period (last page this line number only)									

٥,	CHEDULE B (FEC Form 3 )		1 ===					
	· ·	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 49 / 72				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	_ i `	X 17 18 19a 19b 20a 20b 20c 21				
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam							
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
$\rangle$	Hoosiers Supporting Buyer For Congress							
۹.	Full Name (Last, First, Middle Initial) Scottsdale Resort Mailing Address			Transaction ID: 70713.E7172 Date of Disbursement  O 5 M / D 3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State Zip Code		Amount of Each Disbursement this Period				
	Scottsdale	AZ 85250-		Amount of Lacif Disbursement this Feriod				
	Purpose of Disbursement			609.98				
	HOTEL EXPENSE			Refund or Disposal of Excess				
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53				
	Office County Dishure		Туре	[MEMO ITEM]				
	Office Sought: House Disburse Senate President State: District:	ement For:  Primary General  Other (specify) ▼		MEMO: HOTEL EXPENSE				
	Full Name (Last, First, Middle Initial)			T .: ID 70740 F7470				
3.	US Airways, Inc.			Transaction ID: 70713.E7173 Date of Disbursement				
	Mailing Address Crystal Park Four 2345 Crystal Drive			$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} & \begin{smallmatrix} D & 0 & 0 \\ 3 & 0 & 0 \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 & Y \end{bmatrix}$				
	City Indianapolis	State Zip Code IN 46201-		Amount of Each Disbursement this Period				
	Purpose of Disbursement AIRFARE			256.81  Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Senate President	ement For: Primary General Other (specify)		[MEMO ITEM] MEMO: AIRFARE				
	State: District:							
Э.	Full Name (Last, First, Middle Initial) GM Card			Transaction ID: 70713.E7107 Date of Disbursement				
	Mailing Address Dept. 9600			06 06 7 20 7 2007				
	City Carol Stream	State Zip Code IL 60128-		Amount of Each Disbursement this Period				
	Purpose of Disbursement		•	1909.60				
	SEE BELOW Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
		ement For:	1,300	SEE BELOW				
	Senate President State: District:	Primary General Other (specify) ▼						
9	UBTOTAL of Disbursements This Page (optional)			1909.60				
3	Uptional)		············ <u>·</u>					

9	CHEDIII E B /EEC Form 2 \			
	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	) FOR LINE (check onl	NUMBER: PAGE 50 / 72
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and State for commercial purposes, other than using the na			
$\setminus$	NAME OF COMMITTEE (In Full)			
V	Hoosiers Supporting Buyer For Congress			
Α.	Full Name (Last, First, Middle Initial) Battlefield			Transaction ID: 70713.E7108  Date of Disbursement
	Mailing Address 5851 St. Rd. 43 N.			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & Y \end{smallmatrix} \end{bmatrix} $
	City West Lafayette	State Zip Code IN 47906-		Amount of Each Disbursement this Period
	Purpose of Disbursement GASOLINE		0 0	39.72  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbur Senate President	sement For:  Primary General  Other (specify) ▼	1,760	[MEMO ITEM] MEMO: GASOLINE
	State: District:			
В.	Full Name (Last, First, Middle Initial) Capital Grille			Transaction ID: 70713.E7119 Date of Disbursement
	Mailing Address 601 Pennsylvania Ave.	NW		$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ D & D & G & M \end{smallmatrix} & \begin{bmatrix} V & Y & Y & Y & Y \\ D & D & D & G & G \end{bmatrix}$
	City Washington	State Zip Code DC 20004-		Amount of Each Disbursement this Period
	Purpose of Disbursement FOOD & BEV. EXPENSE		0 0	607.66  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbur Senate President	sement For: Primary General Other (specify)		[MEMO: FOOD & BEV. EXPENSE
	State: District:	Carior (opcony)		
C.	Full Name (Last, First, Middle Initial) Capitol Hill Club			Transaction ID: 70713.E7111 Date of Disbursement
	Mailing Address 300 1st. St., S.E.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} $
	City Washington	State Zip Code DC 20003-		Amount of Each Disbursement this Period
	Purpose of Disbursement FOOD & BEV. EXPENSE		v v	24.55  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbur Senate President	sement For:  Primary General  Other (specify) ▼		[MEMO: FOOD & BEV. EXPENSE
	State: District:			
s	UBTOTAL of Disbursements This Page (optiona	)		0.00

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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 51 / 72			
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	y Information copied from such Reports and Sta for commercial purposes, other than using the r						
_	NAME OF COMMITTEE (In Full)	·					
$\rangle$	Hoosiers Supporting Buyer For Congre	ss					
۹.	Full Name (Last, First, Middle Initial) Family Express  Mailing Address			Transaction ID: 70713.E7122 Date of Disbursement  M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City Lafayette	State Zip Code IN 47902-		Amount of Each Disbursement this Period			
	Purpose of Disbursement		-	81.01			
	GASOLINE Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Senate President	ursement For: Primary General Other (specify)		MEMO: GASOLINE			
	State: District:						
3.	Full Name (Last, First, Middle Initial) Giant Food			Transaction ID: 70713.E7112 Date of Disbursement			
	Mailing Address	$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} 0 & 2 & 0 \\ 0 & 2 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 1 \\ 0 & 2 & 0 & 0 \end{bmatrix} $					
	City Alexandria	State Zip Code VA 22314-		Amount of Each Disbursement this Period			
	Purpose of Disbursement FOOD & BEV. EXPENSE	21.26  Refund or Disposal of Excess					
	Candidate Name	Contributions Required Under 11 C.F.R. 400.53  [MEMO ITEM]					
	Senate President	ursement For:  Primary General  Other (specify) ▼		MEMO: FOOD & BEV. EXPENSE			
	State: District:  Full Name (Last, First, Middle Initial)						
Э.	Tortilla Coast			Transaction ID: 70713.E7113 Date of Disbursement			
	Mailing Address 400 First Street SE			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	City Washington	State Zip Code DC 20016-		Amount of Each Disbursement this Period			
	Purpose of Disbursement FOOD & BEV. EXPENSE	96.57  Refund or Disposal of Excess					
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disb Senate President	ursement For: Primary General Other (specify)		[MEMO ITEM] MEMO: FOOD & BEV. EXPENSE			
	State: District:						
S	UBTOTAL of Disbursements This Page (option	nal)		0.00			

	CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	Use seperate schedule(s)	_	NE NUMBER: PAGE 52 / 72 only one)				
		20a 20b 20c 21 on for the purpose of solicating contributions						
or	for commercial purposes, other than using t	ne name and address of any politica	committee to	o solicit contributions from such committee				
$\rangle$	NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Con	gress						
Α.	Full Name (Last, First, Middle Initial) U.S. House Members Dinner			Transaction ID: 70713.E7109 Date of Disbursement				
	Mailing Address B-217 Longworth I	Bldg.		06				
	City Washington	State Zip Code DC 20002-		Amount of Each Disbursement this Period				
	Purpose of Disbursement FOOD & BEV. EXPENSE			145.90  Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Senate President	oisbursement For:  Primary General  Other (specify) ▼		MEMO: FOOD & BEV. EXPENSE				
	State: District:							
В.	Full Name (Last, First, Middle Initial) Ind. Dept of Revenue			<b>Transaction ID:</b> 70713.E7081 Date of Disbursement				
	Mailing Address 100 N. Senate Ave	).		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City Indianapolis	State Zip Code IN 46204-		Amount of Each Disbursement this Period				
	Purpose of Disbursement PAYROLL TAXES			48.28  Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Senate President	Disbursement For:  Primary General  Other (specify) ▼		PAYROLL TAXES				
	State: District:							
C.	Full Name (Last, First, Middle Initial) Ind. Dept of Revenue			Transaction ID: 70713.E7059 Date of Disbursement				
	Mailing Address 100 N. Senate Ave	05 15 7 2007						
	City Indianapolis	State Zip Code IN 46204-		Amount of Each Disbursement this Period				
	Purpose of Disbursement PAYROLL TAXES	53.28  Refund or Disposal of Excess						
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Senate President	Disbursement For:  ☐ Primary ☐ General  Other (specify) ▼		PAYROLL TAXES				
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SCHEDULE B (FEC Form 3)		Use seperate schedule(s)		NE NUMBER: PAGE 53 / 72						
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		Detailed Summary Page	<u> </u>	$\stackrel{X}{=} \stackrel{17}{=} \stackrel{17}{=} \stackrel{1}{=} \stackrel{1}$	21					
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name									
Ν	NAME OF COMMITTEE (In Full)									
V	Hoosiers Supporting Buyer For Congress									
_	Full Name (Last, First, Middle Initial)				Transaction	on ID:	70713	.E70	58	
Α.	Ind. Dept of Revenue				Date of Di	sburse	ement			
	Mailing Address 100 N. Senate Ave.	$\begin{bmatrix} \begin{array}{cccccccccccccccccccccccccccccccccccc$								
		State Zip Code			Amount of	Each	Disbur	semer	nt this Period	
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	Candidate Name		C	ategory/			Requii			
				Type	11 C.F	.R. 40	0.53			
	Office Sought: House Disburse	ement For:			PAYROLI	ΤΛ\	/EQ			
	Senate	Primary General			IAINOL	L 1/7/	\LO			
	President	Other (specify)								
	State: District:									
R	Full Name (Last, First, Middle Initial)				Transacti			3.E71	03	
В.	Ind. Dept of Revenue				Date of Di					
	Mailing Address 100 N. Senate Ave.				06	2	9 /	2	2007	
	City Indianapolis	State Zip Code IN 46204-			Amount of	Each	Disbur	semer	nt this Period	
	Purpose of Disbursement								48.28	
	PAYROLL TAXES				- Refund	d or Di	sposal	of Exc		
	Candidate Name		C	ategory/	Contrib	outions	Requii			
				Туре	11 C.F	.R. 40	0.53			
	Office Sought: House Disburse	ement For:			PAYROLI	ΤΔ	(FS			
	Senate	Primary General			TATTOL	_ 1/7/	\LO			
	President	Other (specify)								
	State: District:									
C.	Full Name (Last, First, Middle Initial) Indianapolis Convention & Visitors As				Transaction Date of Dis			.E69	87	
								Y	Y _ Y _ Y	
	Mailing Address One RCA Dome				04	0	6 /	2	2 0 0 7 °	
	Suite 100	State Zip Code			Amount of	Fach	Dichur	comor	nt this Period	
	Indianapolis	IN 46225-			Amount of	Lacii	Disbuis	SCITICI	it tills i ellou	
	Purpose of Disbursement								4000.00	
	FACILITIES FOR FUNDRAISER						sposal			
	Candidate Name			ategory/ Type	Contrib		Requii 0.53	ed Ur	nder	
	Office Sought: House Disburse	ement For:			FACILITII	EQ E/	ס בוי	שטט	AICED	
	Senate Primary General				I AUILIIII	LOF	JN FU	ואטע	AIOLN	
	President	Other (specify)								
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Full N India  Mailir  City India Purp FOO Cand	siers Supporting Buyer For Congress  Name (Last, First, Middle Initial) anapolis Convention & Visitors As  Ing Address One RCA Dome Suite 100  anapolis ose of Disbursement D & BEV. EXPENSE  didate Name  e Sought: House Senate President District:	IN 46225  ement For: Primary Ge			Date of Disbursement  M M M / D D D / Y Y O O T  Amount of Each Disbursement this Period  2142.72  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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Purpi FOO Cand	anapolis ose of Disbursement D & BEV. EXPENSE didate Name e Sought: House Disburse Senate President c: District:	IN 46225  ement For: Primary Ge			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purp FOO Cand	ose of Disbursement D & BEV. EXPENSE  didate Name  e Sought: House Disburse Senate President  b: District:	ement For:			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office	e Sought: House Disburse Senate President District:	Primary Ge			Contributions Required Under 11 C.F.R. 400.53
	Senate President District:	Primary Ge	eneral		FOOD & BEV. EXPENSE
State					
	vario (East, 1 list, Middle Hillar)				Transaction ID: 70713.E6992 Date of Disbursement
Mailir	ng Address P.O. Box 839				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & 7 \end{smallmatrix} \end{bmatrix}$
City Mon	ticello	State Zip Cod IN 47960			Amount of Each Disbursement this Period
INTE	ose of Disbursement RNET SERVICE				Refund or Disposal of Excess Contributions Required Under
	didate Name			Category/ Type	11 C.F.R. 400.53
Office State	Senate President	ement For: Primary Ge Other (specify)	eneral		INTERNET SERVICE
c. ITN	Name (Last, First, Middle Initial)				Transaction ID: 70713.E7049 Date of Disbursement
Mailir	ng Address P.O. Box 839				05 7 23 7 2007
City Mon		State Zip Cod IN 47960			Amount of Each Disbursement this Period
	Purpose of Disbursement INTERNET SERVICE				50.00  Refund or Disposal of Excess
Cano	didate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office	Senate President	ement For: Primary Ge Other (specify)	eneral		INTERNET SERVICE
	TAL of Disbursements This Page (optional)				2242.72

	CHEDULE B (FEC Form 3)		e schedule(s)	FOR LINE (check only	
IT	EMIZED DISBURSEMENTS	for each cate Detailed Sur		l ` <u>-</u>	X 17 18 19a 19b
_			20a 20b 20c 21		
	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
$\rangle$	NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congress				
Α.	Full Name (Last, First, Middle Initial)				Transaction ID: 70713.E7156 Date of Disbursement
	Mailing Address P.O. Box 839				$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} D & 2 & 0 \\ 0 & 2 & 0 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & & Y & Y & Y \\ & 2 & 0 & 0 \end{bmatrix} & 7 & Y \end{bmatrix}$
	•		ip Code 17960-		Amount of Each Disbursement this Period
	Purpose of Disbursement INTERNET SERVICE				50.00  Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary Other (specify	General  /) ▼		INTERNET SERVICE
	State: District:				
В.	Full Name (Last, First, Middle Initial) Mail Inc.				<b>Transaction ID:</b> 70713.E7046 Date of Disbursement
	Mailing Address P.O. Box 5685				$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 & 3 \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $
	,		ip Code 17903-		Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE/MAILING EXPENSE				2396.04  Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary Other (specify	General		POSTAGE/MAILING EXPENSE
	State: District:	Other (specify	<i>(</i> ) ▼		
C.	Full Name (Last, First, Middle Initial) Main Street Computers				Transaction ID: 70713.E6994 Date of Disbursement
	Mailing Address 224 N. Main Street P.O. Box 1003				$\begin{bmatrix}\begin{smallmatrix}M&4&M\\0^4&4^M\end{smallmatrix}\end{bmatrix}^\top \begin{bmatrix}\begin{smallmatrix}D&0&D\\0&6\end{smallmatrix}\end{bmatrix}^\top \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&0&Y&Y\\2^4&0&0&7^Y\end{smallmatrix}\end{bmatrix}$
	City		ip Code 17960-		Amount of Each Disbursement this Period
	Purpose of Disbursement			-	46.58
	OFFICE SUPPLIES Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate	ment For: Primary	General	71: 5	OFFICE SUPPLIES
	President State: District:	Other (specify	<b>/</b> ) ▼		
s	UBTOTAL of Disbursements This Page (optional) .			<b>)</b>	2492.62

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S	CHEDULE B (FEC Form 3)	Use ser	perate schedule(s)	_	NUMBER: PAGE 56 / 72		
IT	EMIZED DISBURSEMENTS	for each	category of the (	(check onl	y one) X 17 18 19a 19b 20a 20b 20c 21		
	y Information copied from such Reports and Si for commercial purposes, other than using the						
$\setminus$	NAME OF COMMITTEE (In Full)						
$\backslash$	Hoosiers Supporting Buyer For Congre	ess					
Α.	Full Name (Last, First, Middle Initial) Marcias Flowers Cart				Transaction ID: 70713.E6976 Date of Disbursement		
	Mailing Address 512 Northwestern St				$ \begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix} \begin{bmatrix} D & D & D \\ 0 & 6 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $		
	City Monticello	State IN	Zip Code 47960-		Amount of Each Disbursement this Period		
	Purpose of Disbursement FLOWERS				135.15  Refund or Disposal of Excess		
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disk Senate President	Primary Other (sp	General		FLOWERS		
	State: District:	(0)	<b></b> ,, <b>↓</b>				
В.	Full Name (Last, First, Middle Initial) Marcias Flowers Cart				Transaction ID: 70713.E7042 Date of Disbursement		
	Mailing Address 512 Northwestern St	$\begin{bmatrix} 0 & 5 & M \\ 0 & 5 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 2 & 3 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$					
	City Monticello	State IN	Zip Code 47960-		Amount of Each Disbursement this Period		
	Purpose of Disbursement FLOWERS		145.22  Refund or Disposal of Excess				
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disk Senate President	Primary Other (sp	General		FLOWERS		
	State: District:						
C.	Full Name (Last, First, Middle Initial) Marcias Flowers Cart				Transaction ID: 70713.E7144  Date of Disbursement		
	Mailing Address 512 Northwestern St	$ \begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} \begin{bmatrix} D & 2 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & 2 & 0 & 0 & 7 \end{bmatrix} $					
	City Monticello		Amount of Each Disbursement this Period				
	Purpose of Disbursement FLOWERS	70.60  Refund or Disposal of Excess					
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disk Senate President	Primary Other (sp	General ecify) ▼		FLOWERS		
	State: District:		•				
s	UBTOTAL of Disbursements This Page (option	nal)			350.97		

SCHEDULE B (FEC Form 3 )				- 1	FOR LINE NUMBER:				PAGE 57 / 72						
ITEMIZED DISBURSEMENTS			erate schedule(s)		(check onl		SEK:				L	PAGI	= 5	07 / 72	
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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam														
Λ	NAME OF COMMITTEE (In Full)														
V	Hoosiers Supporting Buyer For Congress														
Α.	Full Name (Last, First, Middle Initial) Stephanie Mattix							tion I				3.E7	031		
	Mailing Address 200 N. Main St.						Date of Disbursement  0 4								
									$\equiv$						
	City Monticello	State IN	Zip Code 47960-			Am	ount	of Ea	ch	Di	sbur	seme	nt th	his Peri	od
	Purpose of Disbursement PAYROLL			Г		L	Refu	nd or	Die	isn	nsal	of Ex		73.16	
	Candidate Name				ategory/ Type		Cont	ribution. F.R.	ons	s R	equi	red L	Inde	er	
	Office Sought: House Disburse Senate President	ement For: Primary Other (sp	General ecify) ▼			PA	'RO	LL							
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В.	Full Name (Last, First, Middle Initial) Stephanie Mattix							<b>tion I</b> Disbu				3.E7	048	3	
	Mailing Address 200 N. Main St.					O	5 <sup>M</sup>	/ [	2	3	/	Υ	ž 0	0 7	
	City Monticello	State IN	Zip Code 47960-			Am	ount	of Ea	ch	Di	sbur	seme	ent th	his Peri	od
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	Office Sought: House Disburse Senate President	ement For: Primary Other (sp	General ecify) ▼			REI	MB.	AIRI	=A	۱RI	E				
	State: District:														
C.	Full Name (Last, First, Middle Initial) Stephanie Mattix							<b>tion I</b> Disbu			-	3.E7	073	}	
	Mailing Address 200 N. Main St.					0 <sup>M</sup>	5 M	/ [	2	5	/	Υ	ž 0	0 7 °	
	City Monticello	State IN	Zip Code 47960-			Am	ount	of Ea	ch	Di	sbur	seme	ent th	his Peri	od
	Purpose of Disbursement												83	35.30	
	REIMB. ARIFARE Candidate Name				ategory/		Cont	nd or ributio .F.R.	ons	s R	equi				
	· H							ARII							
	Senate   President	Primary Other (sp	General ecify)												
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	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 58 / 72				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	_ i `	X 17 18 19a 19b 20a 20b 20c 21				
	y Information copied from such Reports and Statem for commercial purposes, other than using the name							
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
$\rangle$	Hoosiers Supporting Buyer For Congress							
۹.	Full Name (Last, First, Middle Initial) Stephanie Mattix			Transaction ID: 70713.E7079 Date of Disbursement				
	Mailing Address 200 N. Main St.		$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & 1 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$					
		State Zip Code IN 47960-		Amount of Each Disbursement this Period				
	Purpose of Disbursement	47300		1669.16				
	PAYOLL Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Senate President	ement For: Primary General Other (specify)	.,,,,,	PAYOLL				
	State: District:							
3.	Full Name (Last, First, Middle Initial) Stephanie Mattix			Transaction ID: 70713.E7102 Date of Disbursement				
	Mailing Address 200 N. Main St.		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & O & T \end{smallmatrix} \end{bmatrix} $					
	•	State Zip Code IN 47960-		Amount of Each Disbursement this Period				
	Purpose of Disbursement PAYROLL			873.16  Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		PAYROLL				
	State: District:							
Э.	Full Name (Last, First, Middle Initial)  Monticello Custom Frame & Gallery			Transaction ID: 70713.E7147 Date of Disbursement				
	Mailing Address 101 W. Broadway			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & B \end{smallmatrix} \end{bmatrix} \ \ \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & Q & O & I \end{smallmatrix} \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				
	•	State Zip Code IN 47960-		Amount of Each Disbursement this Period				
	Purpose of Disbursement			1234.87				
	FRAMING EXPENSE  Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Disburse Senate	ement For:  Primary General	Туре	FRAMING EXPENSE				
	President State: District:	Other (specify)						
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S	UBTOTAL of Disbursements This Page (optional) .		<b></b>	3777.19				

# SCHEDULE B (FEC Form 3.)

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NAME OF COMMITTEE (In Full)	and address of any pointed of								
Hoosiers Supporting Buyer For Congress									
Full Name (Last, First, Middle Initial)  Monticello Water & Sewer Departments			Transaction ID: 70713.E6984 Date of Disbursement						
<u>-</u>			0 4 2 3 7 2 0 0 7						
Mailing Address P.O. Box 384			04 23 2007						
,	State Zip Code IN 47960-		Amount of Each Disbursement this Period						
Purpose of Disbursement			31.26						
WATER BILL Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53						
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	Туре	WATER BILL						
State: District:	<b>(cpcc) ♦</b>								
Full Name (Last, First, Middle Initial)  3. Monticello Water & Sewer Departments			Transaction ID: 70713.E7052						
			Date of Disbursement  O 5 D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address P.O. Box 384			05 22 2007						
•	State Zip Code IN 47960-		Amount of Each Disbursement this Period						
Purpose of Disbursement WATER BILL			31.26						
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53						
Office Sought:    House   Disburse	ment For: Primary General Other (specify)		WATER BILL						
Full Name (Last, First, Middle Initial)			Transaction ID: 70713.E7145						
Monticello Water & Sewer Departments			Date of Disbursement  O 6 1 8 2 0 0 7						
Mailing Address P.O. Box 384									
,	State Zip Code IN 47960-		Amount of Each Disbursement this Period						
Purpose of Disbursement WATER BILL		31.26  Refund or Disposal of Excess							
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
Office Sought:  Senate President State:  Disburse	ment For: Primary General Other (specify) ▼		WATER BILL						
SUBTOTAL of Disbursements This Page (optional) .			93.78						
CODITION DISDUISMENTS THIS Fage (Uptional).		<u></u>							
<b>TOTAL</b> This Period (last page this line number only)									

SCHEDULE B (FEC Form 3 )  Use seperate schedule(s)				FOR LINE	E NUMBER: PAGE 60 / 72				
_	EMIZED DISBURSEMENTS	for each category Detailed Summar	y Page		X 17				
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
abla	NAME OF COMMITTEE (In Full)								
/	Hoosiers Supporting Buyer For Congress								
Α.	Full Name (Last, First, Middle Initial) Nipsco  Mailing Address P.O. Box 13007				Transaction ID: 70713.E6991 Date of Disbursement  M 4 M / D 6 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State Zip Co	ode		Amount of Each Disbursement this Period				
	Merrillville	IN 4641	1-		201.00				
	Purpose of Disbursement ELECTRIC BILL				231.26				
	Candidate Name			Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Senate President	ment For: Primary Other (specify)	General		ELECTRIC BILL				
_	State: District: Full Name (Last, First, Middle Initial)								
В.					Transaction ID: 70713.E7043  Date of Disbursement				
	Mailing Address P.O. Box 13007				$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & 0 \\ 2 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$				
		State Zip Co IN 4641			Amount of Each Disbursement this Period				
	Purpose of Disbursement ELECTRIC BILL		229.36  Refund or Disposal of Excess						
	Candidate Name		C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disburse Senate President	ment For: Primary Other (specify)	General		ELECTRIC BILL				
	State: District:	, (1 <i>)</i> , <del>(</del>							
C.	Full Name (Last, First, Middle Initial) Nipsco				Transaction ID: 70713.E7155 Date of Disbursement				
	Mailing Address P.O. Box 13007				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D & Y \end{smallmatrix} \end{bmatrix} $				
		State Zip Co IN 4641			Amount of Each Disbursement this Period				
	Purpose of Disbursement				83.43				
	ELECTRIC BILL Candidate Name		C	Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disburse Senate	ment For:	General		ELECTRIC BILL				
	President State: District:	Other (specify)							
s	UBTOTAL of Disbursements This Page (optional) .			<u>►</u>	544.05				

SCHEDULE B (FECForm 3)	Use seperate schedule(s)	FOR LINE				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	( 17			
Any Information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congress						
Full Name (Last, First, Middle Initial)  A. Perkins Insurance			Transaction ID: 70713.E6995 Date of Disbursement			
Mailing Address 2505 Court Street			$\begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 6 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$			
City Pekin	State Zip Code IL 61558-		Amount of Each Disbursement this Period			
Purpose of Disbursement RENTERS INSURANCE Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
Office Sought: House Senate President State: District:	sement For: Primary General Other (specify) ▼	71	RENTERS INSURANCE			
Full Name (Last, First, Middle Initial)  B. Perkins Insurance			Transaction ID: 70713.E6985  Date of Disbursement			
Mailing Address 2505 Court Street			$ \begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 6 \end{bmatrix} $ $ \begin{bmatrix} Y & 2 & 0 & 0 & 7 \\ 2 & 0 & 0 & 7 \end{bmatrix} $			
City Pekin	State Zip Code IL 61558-		Amount of Each Disbursement this Period			
Purpose of Disbursement RENTERS INSURANCE Candidate Name		Category/ Type	52.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
Office Sought: House Senate President State: District:	sement For: Primary General Other (specify) ▼	.,,,,,	RENTERS INSURANCE			
Full Name (Last, First, Middle Initial)  C. Postmaster			Transaction ID: 70713.E6979 Date of Disbursement			
Mailing Address 125 W. Broadway			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & O & O & T \end{smallmatrix} \end{bmatrix}$			
City Monticello	State Zip Code IN 47960-		Amount of Each Disbursement this Period			
Purpose of Disbursement POSTAGE	Purpose of Disbursement POSTAGE					
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼		POSTAGE			
SUBTOTAL of Disbursements This Page (optional	)		373.00			
TOTAL This Period (last page this line number onl						

SCHEDULE B (FEC Form 3 )				FOR LINE N	UMBER: PAGE 62 / 72				
	EMIZED DISBURSEMENTS	Use seperate schedule(s for each category of the	)	(check only o					
		Detailed Summary Page		X	17 18 19a 19b 20a 20b 20c 21				
	y Information copied from such Reports and Sta for commercial purposes, other than using the r								
Λ	NAME OF COMMITTEE (In Full)								
/	Hoosiers Supporting Buyer For Congres	SS							
Α.	Full Name (Last, First, Middle Initial) Postmaster				Transaction ID: 70713.E7041 Date of Disbursement				
	- Ostinastei								
	Mailing Address 125 W. Broadway				$\begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{smallmatrix} M \end{smallmatrix} & \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} & \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} & \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} & \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} & \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} & \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} & \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} & \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} & \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} & \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} & \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} & \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} & \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} & \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} & \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} & \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} & \begin{smallmatrix} Y \\ P \end{smallmatrix} \end{smallmatrix} \end{bmatrix} & \begin{smallmatrix} \mathsf$				
	City Monticello	State Zip Code IN 47960-			Amount of Each Disbursement this Period				
	Purpose of Disbursement POSTAGE			•	82.00				
	Candidate Name		<u>ا</u> ل	ategory/	Refund or Disposal of Excess Contributions Required Under				
				Type	11 C.F.R. 400.53				
	9 🗎	ursement For:			POSTAGE				
	Senate   President	Primary General Other (specify) ▼							
	State: District:	Carlos (opeony)							
	Full Name (Last, First, Middle Initial)				Transaction ID: 70713.E7148				
В.	Postmaster		Date of Disbursement						
	Mailing Address 125 W. Broadway		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ I & I & I & I \end{smallmatrix} $						
	City	State Zip Code IN 47960-			Amount of Each Disbursement this Period				
	Monticello Purpose of Disbursement	•	82.00						
	POSTAGE		L		Refund or Disposal of Excess				
	Candidate Name			ategory/ Type	Contributions Required Under 11 C.F.R. 400.53				
	9 🗎	ursement For:			POSTAGE				
	Senate President	Primary General Other (specify)							
	State: District:	Other (specify)							
	Full Name (Last, First, Middle Initial)				Transaction ID: 70713.E6993				
C.	Progessive				Date of Disbursement				
	Mailing Address 107 W. Broadway P.O. Box 752				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} $				
	City Monticello	State Zip Code IN 47960-			Amount of Each Disbursement this Period				
	Purpose of Disbursement	114 47300			352.75				
	AUTO INSURANCE				Refund or Disposal of Excess				
	Candidate Name	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53						
		ursement For:			AUTO INSURANCE				
	Senate	Primary General		'	13.3 HOOFB WOL				
	State: President  District:	Other (specify) ▼							
Г									
s	UBTOTAL of Disbursements This Page (option	al)		<u></u>	516.75				

SCHEDULE B (FECFORIII 3 )	Lice congrate conscillate)	LINE NUMBER: PAGE 63 / 72				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	k only one)  X 17 18 19a 19b 20a 20b 20c 21				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congress						
Full Name (Last, First, Middle Initial) Progessive  Mailing Address 107 W. Broadway P.O. Box 752		Transaction ID: 70713.E6978 Date of Disbursement  M 4 M / D 2 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code IN 47960-	Amount of Each Disbursement this Period				
Purpose of Disbursement AUTO INSURANCE Candidate Name  Office Sought: House Disburse	Category Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  AUTO INSURANCE				
Senate President State: District:	Primary General Other (specify) ▼	AUTO INSUNANCE				
Full Name (Last, First, Middle Initial)  G Graphics		Transaction ID: 70713.E6999 Date of Disbursement				
Mailing Address 108 E. Main St. P.O. Box 180		04 20 2007				
Delphi	State Zip Code IN 46923-	Amount of Each Disbursement this Period  2289.60				
Purpose of Disbursement PRINTING EXPENSE Candidate Name	Category Type	Refund or Disposal of Excess				
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	PRINTING EXPENSE				
Full Name (Last, First, Middle Initial)  Super Test Service Stations		Transaction ID: 70713.E6988 Date of Disbursement				
Mailing Address 305 W. Broadway Street		$ \begin{array}{c c}  & M & M \\ \hline  & M & M \end{array} $ $ \begin{array}{c c}  & D & D & M & Y & Y & Y & Y & Y & Y & Y & Y & Y$				
,	State Zip Code IN 47960-	Amount of Each Disbursement this Period				
Purpose of Disbursement GASOLINE Candidate Name	GASOLINE					
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)	11 C.F.R. 400.53  GASOLINE				
SUBTOTAL of Disbursements This Page (optional) .		2669.61				
TOTAL This Period (last page this line number only)		<b>•</b>				

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 64/72
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Stateme or commercial purposes, other than using the name			
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Hoosiers Supporting Buyer For Congress			
Α.	Full Name (Last, First, Middle Initial) Super Test Service Stations			Transaction ID: 70713.E7044 Date of Disbursement
	Mailing Address 305 W. Broadway Street		$\begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D$	
		State Zip Code IN 47960-		Amount of Each Disbursement this Period
	Purpose of Disbursement GASOLINE			133.46  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)		GASOLINE
	State: District:			
В.	Full Name (Last, First, Middle Initial) Super Test Service Stations			<b>Transaction ID:</b> 70713.E7157 Date of Disbursement
	Mailing Address 305 W. Broadway Street			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} $
	,	State Zip Code IN 47960-		Amount of Each Disbursement this Period
	Purpose of Disbursement GASOLINE		82.42  Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		GASOLINE
	State: District:	, , , , , ,		
	Full Name (Last, First, Middle Initial) United Parcel Service			Transaction ID: 70713.E7040 Date of Disbursement
	Mailing Address P.O. Box 85036			$\begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} $
		State Zip Code KY 40285-5036		Amount of Each Disbursement this Period
	Purpose of Disbursement SHIPPING		179.95  Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)		SHIPPING
	State: District:			
SI	JBTOTAL of Disbursements This Page (optional)			395.83

C									
SCHEDULE B (FEC Form 3)			erate schedule(s)	FOR LINE (check only	E NUMBER: PAGE 65 / 72				
ITEMIZED DISBURSEMENT			category of the Summary Page	_ i `	X 17 18 19a 19b				
		Botanou	ouninary r ago		20a 20b 20c 21				
	y Information copied from such Reports and Sta for commercial purposes, other than using the n								
Λ	NAME OF COMMITTEE (In Full)								
K	Hoosiers Supporting Buyer For Congres	SS							
A.	Full Name (Last, First, Middle Initial) Verizon Wireless				Transaction ID: 70713.E6973 Date of Disbursement				
	Mailing Address P.O. Box 630024				0 4 M / 0 6 / Y 2 0 0 7				
	City Dallas	State TX	Zip Code 75263-		Amount of Each Disbursement this Period				
	Purpose of Disbursement CELL PHONE EXPENSE				49.92				
	Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disbuter Senate President	Primary Other (spe	General ♥		CELL PHONE EXPENSE				
	State: District:								
В.	Full Name (Last, First, Middle Initial) Verizon Wireless				Transaction ID: 70713.E6990 Date of Disbursement				
	Mailing Address P.O. Box 630024		$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} Y$						
	City Dallas	State TX	Zip Code 75263-		Amount of Each Disbursement this Period				
	Purpose of Disbursement CELL PHONE EXPENSE	•	68.81  Refund or Disposal of Excess						
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Disbring Senate President	Primary Other (spe	General		CELL PHONE EXPENSE				
	State: District:	(op-	····// •						
_	Full Name (Last, First, Middle Initial)				Transaction ID: 70713.E7054				
C.	Verizon Wireless				Date of Disbursement				
	Mailing Address P.O. Box 630024				$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix}$				
	City Dallas	State TX	Zip Code 75263-		Amount of Each Disbursement this Period				
	Purpose of Disbursement				190.81				
	CELL PHONE EXPENSE  Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Disbuter Senate President	Primary Other (spe	General	71. 2	CELL PHONE EXPENSE				
	State: District:								
S	UBTOTAL of Disbursements This Page (option	al)		<b></b>	309.54				

S	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)		E NUMBER: PAGE 66 / 72					
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) X 17 18 19a 19b 20a 20b 20c 21					
	y Information copied from such Reports and Stater for commercial purposes, other than using the name			for the purpose of solicating contributions					
_	NAME OF COMMITTEE (In Full)	- · · · · · · · · · · · · · · · · · · ·							
$\rangle$	Hoosiers Supporting Buyer For Congress								
۹.	Full Name (Last, First, Middle Initial) Verizon Wireless			Transaction ID: 70713.E7039 Date of Disbursement					
	Mailing Address P.O. Box 630024			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z & S \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix}$					
	City Dallas	State Zip Code TX 75263-		Amount of Each Disbursement this Period					
	Purpose of Disbursement CELL PHONE EXPENSE		, ,	187.01  Refund or Disposal of Excess					
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		CELL PHONE EXPENSE					
	State: District:								
3.	Full Name (Last, First, Middle Initial) Verizon Wireless			<b>Transaction ID:</b> 70713.E7033 Date of Disbursement					
	Mailing Address P.O. Box 630024	$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & D & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & D & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & D & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & D & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$							
	City Dallas	State Zip Code TX 75263-		Amount of Each Disbursement this Period					
	Purpose of Disbursement CELL PHONE EXPENSE	50.31 Refund or Disposal of Excess							
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Senate President	ement For: Primary General Other (specify)		CELL PHONE EXPENSE					
	State: District:								
Э.	Full Name (Last, First, Middle Initial) Verizon Wireless			Transaction ID: 70713.E7158 Date of Disbursement					
	Mailing Address P.O. Box 630024			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix}$					
	City Dallas	State Zip Code TX 75263-		Amount of Each Disbursement this Period					
	Purpose of Disbursement CELL PHONE EXPENSE		50.31 Refund or Disposal of Excess						
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Disburse Senate President	ement For:  Primary General  Other (specify)		CELL PHONE EXPENSE					
	State: District:	- · · · · · · · · · · · · · · · · · · ·							
s	UBTOTAL of Disbursements This Page (optional)			287.63					

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SCHEDULE B (FEC Form 3)			Use sepe	erate schedule(s)			E NUMBER: PAGE 67 / 72										
ITEMIZED DISBURSEMENTS			TS	for each	category of the (		(check on	<u> </u>						1			
				Detailed S	Summary Page			_	X 17 18 19a 19b						II.		
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		d from such Reports poses, other than usir															
$\overline{}$	NAME OF COMM	ITTEE (In Full)															
$\rangle$	Hoosiers Suppo	orting Buyer For C	ongress														
	Full Name (Last, F	irst, Middle Initial)						1	rans	acti	on ID	— ): 7	70713	3.E71	25		
۹.	Verizon Wireles	Verizon Wireless								Date of Disbursement							
	Mailing Address P.O. Box 630024								0 <sup>M</sup> 6	М	D 2	2 (	0 /	Y	007		
	City Dallas			State TX	Zip Code 75263-			1	Amou	nt of	Each	n [	Disbur	semer	nt this Period		
	Purpose of Disbur	sement		17	70200	_		+					•		101.04		
	CELL PHONE EX								Re	efun	d or D	)is	posal	of Exc	ess		
	Candidate Name						ategory/ Type	L	Cc	ntril		าร	Requi				
	Office Sought:	House Senate President	Disburser	ment For: Primary Other (spe	General			C	ELL	РΗ	ONE	ΞE	EXPE	NSE			
	State:	District:															
3.	Full Name (Last, F Verizon Wireles								T <b>rans</b> Date o				70713 ment	3.E71	53		
	Mailing Address P.O. Box 630024								0 <sup>M</sup> 6	М	D	2 (	0 /	Ý	007		
	City Dallas			State TX	Zip Code 75263-			,	Amou	nt of	Each	h [	Disbur	semer	nt this Period		
	Purpose of Disbur		Г	242.25  Refund or Disposal of Excess					242.25 ess								
	Candidate Name						ategory/ Type	L	Contributions Required Under 11 C.F.R. 400.53								
	Office Sought:	House Senate President	Disburser	ment For: Primary Other (spe	General			C	ELL	РΗ	ONE	ΞE	EXPE	NSE			
	State:	District:															
Э.	Full Name (Last, F Alberta Vogel	irst, Middle Initial)							T <b>rans</b> Date o				70713 ment	3.E70	02		
	Mailing Address	102 E. Ohio St.							0 <sup>M</sup> 4	М	<sup>'</sup> D(	0 (	<sup>D</sup> /	Ý	007		
	City		5	State	Zip Code				Amou	nt of	Each	h [	Disbur	semer	nt this Period		
	Monticello			IN	47960-					-	-	-					
	Purpose of Disbur	sement										_			250.00		
	APRIL RENT Candidate Name	PRIL RENT andidate Name							Cc	ntril		าร	posal Requi 0.53				
	Office Sought:	House	Disburser				Туре	A	PRIL	. RI	ENT						
		Senate President		1,													
	State:	District:		Julio (Spe	.~y/ <b>▼</b>												
		2	<u> </u>					Н.		_		_					
S	SUBTOTAL of Dish	ursements This Page	(optional)												593.29		
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SCHEDULE B (FEC Form 3)				erate schedule(s)	FOR LIN (check or	E NUMBER: PAGE 68 / 72
ITEMIZED DISBURSEMENTS		S	for each category of the Detailed Summary Page			X   17
	y Information copied from such Reports a for commercial purposes, other than using					for the purpose of solicating contributions solicit contributions from such committee
$\vdash$	NAME OF COMMITTEE (In Full)					
$ \rangle$	Hoosiers Supporting Buyer For Co	ngress				
A.	Full Name (Last, First, Middle Initial) Alberta Vogel					Transaction ID: 70713.E7060 Date of Disbursement
	Mailing Address 102 E. Ohio St.					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Monticello		State N	Zip Code 47960-		Amount of Each Disbursement this Period
	Purpose of Disbursement MAY RENT					250.00  Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President		nent For: Primary Other (spe	General		MAY RENT
	State: District:		(-	,, •		
_	Full Name (Last, First, Middle Initial)					Transaction ID: 70713.E7151
В.	Alberta Vogel					Date of Disbursement
	Mailing Address 102 E. Ohio St.					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Monticello		State N	Zip Code 47960-		Amount of Each Disbursement this Period
	Purpose of Disbursement JUNE RENT		250.00  Refund or Disposal of Excess			
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate		Primary	General		JUNE RENT
	State: President District:		Other (spe	city) 🔻		
С.	Full Name (Last, First, Middle Initial) VSJ Foundation					Transaction ID: 70713.E7106 Date of Disbursement
	Mailing Address 555 Twelfth Stre- Suite 650	et NW				$ \begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
	City Washington		State OC	Zip Code 20004-		Amount of Each Disbursement this Period
	Purpose of Disbursement					1100.00
	GOLF SPONSORSHIP  Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate	Disburser	nent For: Primary	General		GOLF SPONSORSHIP
_	President State: District:		Other (spe	cify) $\blacktriangledown$		
s	<b>UBTOTAL</b> of Disbursements This Page (	optional)			<b>&gt;</b>	1600.00

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		Detailed Summary Page			X 17 20a	Н	18 20b	F	198		19b 21
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	for commercial purposes, other than using the nam										
\	NAME OF COMMITTEE (In Full)										
/	Hoosiers Supporting Buyer For Congress										
۹.	Full Name (Last, First, Middle Initial) Wells Fargo				Trans Date				70713	.E70	80
	vvens i argo		M	_	/ D		D /	Y Y	YY		
	Mailing Address 119 North Main Street				0 5			0		2	007
	City Monticello	State Zip Code IN 47960-674	8		Amou	ınt o	f Eacl	n E	Disburs	emen	t this Period
	Purpose of Disbursement PAYROLL TAXES		Tr	•	L	-6	-l D	\:-		4 F	198.12
	Candidate Name			Category/	C	ontri		าร	posal c Requir .53		
	Office Sought: House Disburse	ement For:		Туре	D 4 \ / E						
	Senate President	Primary General Other (specify)			PAYROLL TAXES						
	State: District:	Other (specify)									
	Full Name (Last, First, Middle Initial)								70713	E70	77
<b>3</b> .	Wells Fargo						isburs		nent	V * V	'
	Mailing Address 119 North Main Street							0	1 ′	2	007
	City Monticello		Amou	ınt o	f Eacl	n E	Disburs	emen	t this Period		
	Purpose of Disbursement PETTY CASH	• •	100.00  Refund or Disposal of Excess								
	Candidate Name		7 6	ategory/ Type	C	ontri		ıs	Requir		
		ement For:		1 )	PETT	Υ (	CASH	ı			
	Senate President	Primary General  Other (specify)			TETTI GAGIT						
	State: District:	Other (specify)									
	Full Name (Last, First, Middle Initial)				Trans	acti	ion ID	) - <del>7</del>	70713	F70	 55
Э.	Wells Fargo				Date	of D	isburs	er	nent		
	Mailing Address 119 North Main Street		0 5	М	/ D	1 !	5 /	ž	007		
		State Zip Code			Amou	ınt o	f Eacl	n E	Disburs	emen	t this Period
	Monticello	IN 47960-674	8			-	-				198.12
	Purpose of Disbursement PAYROLL TAXES									· -	
	Candidate Name								posal c Requir .53		
		ement For:	71: -	PAYF	ROL	L TA	ΧI	ES			
	Senate President	Primary General  Other (specify)				_		-			
	State: District:	Saloi (opooliy)									
	1					-	-		-		
S	UBTOTAL of Disbursements This Page (optional)			<u></u>							496.24
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SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS		Use seperate schedule	(s)		E NUMBER: PAGE 70 / 72				
		for each category of the Detailed Summary Page	) )		X 17				
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
$\setminus$	NAME OF COMMITTEE (In Full)								
$ \rangle$	Hoosiers Supporting Buyer For Congress								
Α.	Full Name (Last, First, Middle Initial) Wells Fargo  Mailing Address 119 North Main Street				Transaction ID: 70713.E6970 Date of Disbursement				
	City	State Zip Code			Amount of Each Disbursement this Period				
		IN 47960-674	8		Amount of Each Disbursoment this Feriod				
	Purpose of Disbursement FEE		Tr	* *	4.75  Refund or Disposal of Excess				
	Candidate Name		5	Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Senate President	ement For:    Primary	ıl	7,70	FEE				
	State: District:								
В.	Full Name (Last, First, Middle Initial) Wells Fargo				Transaction ID: 70713.E7149 Date of Disbursement				
	Mailing Address 119 North Main Street		$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & I \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & T \end{bmatrix}$						
	•	State Zip Code IN 47960-674	8		Amount of Each Disbursement this Period				
	Purpose of Disbursement PETTY CASH	• •	100.00  Refund or Disposal of Excess						
	Candidate Name								
	Office Sought: House Disburse Senate President	ement For:    Primary	ıl		PETTY CASH				
	State: District:								
C.	Full Name (Last, First, Middle Initial) Wells Fargo				Transaction ID: 70713.E7101 Date of Disbursement				
	Mailing Address 119 North Main Street				$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ I & D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & I & I \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & I & I \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} Y & Y & Y & Y & Y \\ I & I & I & I \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & I & I \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} Y & Y & Y & Y & Y \\ I & I & I & I \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} Y & Y & Y & Y & Y \\ I & I & I & I \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} Y & Y & Y & Y & Y \\ I & I & I & I & I \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} Y & Y & Y & Y & Y \\ I & I & I & I \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} Y & Y & Y & Y & Y \\ I & I & I & I \\ I & I & I & I \end{smallmatrix} \end{bmatrix} $				
		State Zip Code IN 47960-674	8		Amount of Each Disbursement this Period				
	Purpose of Disbursement		Тг		473.24				
	PAYROLL TAXES  Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Senate	ement For: Primary Genera	ıl	71	PAYROLL TAXES				
	President State: District:	Other (specify)							
s	<b>UBTOTAL</b> of Disbursements This Page (optional) .			<u>•</u>	577.99				

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State:

## SCHEDULE B (FEC Form 3 )

District:

FOR LINE NUMBER: PAGE 71 / 72 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 17 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congress Full Name (Last, First, Middle Initial) **Transaction ID: 70713.E7105** Wells Fargo Date of Disbursement 25 0 6 2007 Mailing Address 119 North Main Street City State Zip Code Amount of Each Disbursement this Period 47960-6748 Monticello IN 100.00 Purpose of Disbursement **PETTY CASH** Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: House PETTY CASH Senate Primary General President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	100.00
TOTAL This Period (last page this line number only)	<b>—</b>	55640.73

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S	CHEDULE B (FEC Form 3)	Use seper	rate schedule(s)		NUMBER: PAGE 72/72	
ITEMIZED DISBURSEMENTS		for each c	ategory of the	(check only	<u> </u>	
		Detailed S	Summary Page	-	17   18   19a   19b 20a   20b   20c   x 21	
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or	for commercial purposes, other than using the name	and address	s of any political o	committee to so	licit contributions from such committee	
$\setminus$	NAME OF COMMITTEE (In Full)					
$\mathbb{Z}$	Hoosiers Supporting Buyer For Congress					
	Full Name (Last, First, Middle Initial)				Transaction ID: 70713.E7104	
Α.	Dan Burton for Congress Committee, Inc.				Date of Disbursement	
	Mailing Address P.O. Box 50593	$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & D & T \end{smallmatrix} \end{bmatrix}$				
	City	State	Zip Code		Amount of Each Disbursement this Period	
	Indianapolis	IN	46250-			
	Purpose of Disbursement			-	2000.00	
	CONTRIBUTION		Refund or Disposal of Excess Contributions Required Under			
	Candidate Name			Category/ Type	11 C.F.R. 400.53	
		ment For:	2008			
		Primary	General			
	President State: District:	Other (spec	city) 🔻			
_						
В.	Full Name (Last, First, Middle Initial)  Jean Williams for Mayor				Transaction ID: 70713.E6975 Date of Disbursement	
	Mailing Address 1117 14th Street				$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$	
		State	Zip Code		Amount of Each Disbursement this Period	
	Bedford	IN	47421-		2000.00	
	Purpose of Disbursement CONTRIBUTION				2000.00	
	Candidate Name	0.1	Refund or Disposal of Excess Contributions Required Under			
	Cariologie Name	Category/ Type	11 C.F.R. 400.53			
		ment For:	2008			
		Primary	General			
	President	Other (spec	cify) 🔻			

SUBTOTAL of Disbursements This Page (optional)	•	4000.00
TOTAL This Period (last page this line number only)	<b>•</b>	4000.00

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State: